

(1) PLACE OF BIRTH

County of Newberry
Township of Nor. 11
or
Inc. Town of.....
or
City of.....

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No. - For Date Registered July
21959

Registration District No. 92/104 Registered No. 245
(For use of Local Registrar)

(2) Full Name of Child Mary Barker
(if birth occurs in a hospital or other institution, give name of same instead of street and number.)
St. Ward
If child is not yet named, make supplemental report as directed

(3) Sex <u>girl</u>	(4) Type or Triple To be entered only in event of Twin or Triple	(5) Order of birth <u>1st</u>	(6) Date of birth <u>July 6</u> 19 <u>59</u> (Month of birth) (Day) (Year)
(7) FATHER <u>Luther Barker</u>		(8) MOTHER <u>Mary Simian</u>	
(9) FULL NAME <u>Luther Barker</u>		(10) PRESENT RESIDENCE OF FATHER <u>Tamara</u>	
(11) PRESENT POSTOFFICE OF FATHER <u>Tamara</u>		(12) AGE AT LAST BIRTHDAY <u>38</u> (Year)	
(13) COLOR OR RACE <u>negro</u>		(14) BIRTHPLACE <u>Tamara</u>	
(15) OCCUPATION <u>Tamara</u>		(16) OCCUPATION <u>Tamara</u>	
(17) Number of children born to mother, including present birth <u>5</u>		(18) Number of children of this mother now living, including present birth <u>4</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(19) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn)
on the date above stated. (Signature) Adeline Barker
(20) State whether Physician or Midwife Midwife

(21) Give name added from a supplemental report

(22) Witness E. P. G. G. G.
(Signature of Witness necessary only when question 22 is signed by mark)
(23) Filed 8/11 1959 (24) R. J. Johnson Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.