

MARION BARNES FOR THE  
 STATE OF SOUTH CAROLINA, COLUMBIA, S. C.  
 THIS IS A PRELIMINARY RECORD.  
 IF THE CHILD IS STILLBORN, NO. 1. THE OTHER, NO. 2, etc., in question 5.

## (1) PLACE OF BIRTH

County of York  
 Township of Chowla  
 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 State Registrar Only  
 87911

Registration District No. 4404 Registered No. 160  
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 (No. .... St.; .... Ward)

(2) Full Name of Child Earnest Cleaunham

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF

BIRTH Nov 5 1916  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Robt Cleaunham

(9) PRESENT POSTOFFICE OF FATHER

Leslie

(10) COLOR OR RACE

Negro(11) AGE AT LAST BIRTHDAY 28 (Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

Farm Laborer

## MOTHER.

(14) NAME BEFORE MARRIAGE

Katie Glass

(15) PRESENT POSTOFFICE OF MOTHER

Leslie SC

(16) COLOR OR RACE

Negro(17) AGE AT LAST BIRTHDAY 28 (Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

Laborer

(20) Number of children born to mother, including present birth

5

(21) Number of children of this mother now living, including present birth

6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was ..... at 8 P. M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rosa Hiett

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report  
 .....  
 .....  
 ..... 19 ..... Registrar

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)  
 .....

(27) Filed 11/13/ 1916

(28)

H. Miller

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.