

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
MISSISSIPPI OF COLUMBIA, COLUMBIA S. C.

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

File No.—For State Registrar Only

41512

(1) PLACE OF BIRTH

County of Cherokee
Township of Simmons
or
Inc. Town of Country
or
City of

Registration District No. 1003

Registered No. 1535
(For use of Local Registrar)

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

(2) Full Name of Child Richard Barnes

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

3) BOY OR GIRL? Boy (4) Twin or Triplet? Single (5) Number in order of birth 7 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 16, 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Barnes
(9) PRESENT POSTOFFICE OF FATHER Goffney R. #8
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (Years)
(12) BIRTHPLACE Madison Co, N.C.
(13) OCCUPATION Cotton mill work
(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Minnie Stevens
(15) PRESENT POSTOFFICE OF MOTHER Goffney R. #8
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32 (Years)
(18) BIRTHPLACE Atlanta Ga.
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Aline at 4:30 A.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) James H. Smith

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Registrar

Jan 6, 1923 (28) H. H. Whitfield
Local Registrar.

*When there was no attending physician or midwife, 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 sixth month of pregnancy.

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