

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

24474

County of Alameda

Township of Ashtabula

Inc. Town of

City of ... Georgetown

Registration District No.

Registered No. 27.....
(For use of Local Registrar)

(No. 100-100000)

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If birth occurs in a hospital or other institution, give name of same instead of street and number. If child is not yet named

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

(2) Full Name of Child. OSCAR L. BARKER

(3) BOY OR GIRL

evil

Today or Tomorrow?

FATHER.

(b) FULL NAME

FATHER.
Robert Small

2) PRESENT
POST OFFICE
OF FATHER

Georgetown D.C.

(10) COLOR ON

Need

**ARE AT LAST
BIRTHDAY**

10 ~~INTRODUCED~~

AL

(13)	DESCRIPTION

Chairman

20) Number of children born to mother [redacted]

V.C.

CERTIFICATE OF ATTENDING PHYSICIAN ON

(22) I hereby certify that I attended the birth of this child, who was _____ (Born _____ or stillborn) (Hour _____ M. or P. M.)
on the date above stated. *Willie R. Bell*

(28) (Signature)

(24) State whether Physician or Midwife

(CNS) Admission of Foreign

(Given name added from a supplemental report)

(26) Witness

.....
(Signature of Witness necessary only
when question 12 is signed by mark)

(27) Filed

Sept. 22, 1928. Mrs. R. J. King
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 after the fifth month of pregnancy.

BEFORE THE UNITED STATES SENATE