

(1) PLACE OF BIRTH

County of CurrierTownship of Rocky SpringInc. Town of Rocky SpringCity of Rocky Spring

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 216

No. 10. - For State Registrar Only

100

Registered No. (For use of Local Registrar)

(2) Full Name of Child Germine Barnes If child is not yet named, make supplemental report as directed(3) SEX OF CHILD Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age 1 year (7) DATE OF BIRTH July 1, 1911 (Month of Month) (Day) (Year)(8) FULL NAME R. B. Barnes(9) PRESENT RESIDENCE OF FATHER Wagener(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 61 (Year)(12) BIRTHPLACE GA(13) OCCUPATION Farmer(14) NUMBER OF CHILDREN born to mother, including present birth 1(14) NAME BEFORE MARRIAGE Susan Barnes(15) PRESENT RESIDENCE OF MOTHER Wagener(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 38 (Year)(18) BIRTHPLACE GA(19) OCCUPATION Housewife(20) NUMBER OF CHILDREN of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive on the date above stated. (Born alive or stillborn) (Isur A. M. or P. M.)(23) (Signature) Etienne McGowan(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Wagener

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mother)

(27) Filed July 1, 1911 (28) McGowan 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.