

## (1) PLACE OF BIRTH

County of Spartanburg

Township of .....

or Inc. Town of Spartanburgor City of Spartanburg

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child John Frazier Barry

File No.—For State Registrar Only

2441

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 40-A Registered No. 29

(For use of Local Registrar)

(No. General Hospital St. .... Ward)

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <input checked="" type="checkbox"/>	(5) Number in order of birth <input checked="" type="checkbox"/>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan. 29, 1922</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME John M. Guire Barry(9) PRESENT POST OFFICE OF FATHER 125 N. Commerce St. Spartanburg, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (Year)(12) BIRTHPLACE San. Car.(13) OCCUPATION Automobile Salesman(20) Number of children born to mother, including present birth One

## MOTHER.

(14) NAME BEFORE MARRIAGE Mrs. Mary Jane Frazier(15) PRESENT POST OFFICE OF MOTHER 125 N. Commerce St. Spartanburg, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34 (Year)(18) BIRTHPLACE San. Car.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 5:15 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) D. C. Burnett, M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Spartanburg, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed 2-1-22 (28) Jas. Cooper

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.

MARGIN RESERVE—DO NOT BINDING. WHITE PLAINLY, WITH UNFADING INK—WITH IN A PERMANENT RECORD. IN CASE OF PRINTING, NO. 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100.