

(1) PLACE OF BIRTH

County of YamhillTownship of Yamhill

or Inc. Town of

City of

(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

File No. - For State Registrar Only

8746

Registration District No. 4204 Registered No. 15
(For use of Local Registrar)(2) Full Name of Child Katie Ruth Barnett If child is not yet named, make supplemental report as directed2. SEX Female 3. Type 2 or Triple 4. Number in order of Birth 1 5. Date of Birth 11-5-23
(Name of Month) (Day) (Year)

FATHER.

(1) FULL NAME James L. Barnett(2) PRESENT POST OFFICE OF FATHER Yamhill(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 72 (Year)(12) BIRTHPLACE U.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 3

MOTHER.

(16) NAME BEFORE MARRIAGE Robert C. Claver(17) PRESENT POST OFFICE OF MOTHER Yamhill(18) COLOR OR RACE W (19) AGE AT LAST BIRTHDAY 32 (Year)(20) BIRTHPLACE U.C.(21) OCCUPATION D-(22) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was at M., on the date above stated. (Day) (Month) (Year A. M. or P. M.)

(24) (Signature) [Signature]

(25) State whether Physician or Midwife (26) Address of Physician or Midwife

Given name added from a supplemental report

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

(28) Filed (29) Local Registrar [Signature]

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.