

(1) PLACE OF BIRTH

County of Sumter

Township of

or Inc. Town of

City of Sumter

(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

79392

Registration District No. 419

Registered No. 139

(For use of Local Registrar)

St. Ward) (No.)

(2) Full Name of Child

Barnett

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

(3) SEX OF CHILD? Boy

(4) Twin or Triplet? No

(5) Number in order of birth 1

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Sept 20 1916

FATHER.

(8) FULL NAME Henry James Barnett

(9) PRESENT POSTOFFICE OF FATHER Sumter S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 55 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Mechanic

(20) Number of children born to mother, including present birth

MOTHER.

(14) NAME BEFORE MARRIAGE Emma Klein

(15) PRESENT POSTOFFICE OF MOTHER Sumter S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36 (Years)

(18) BIRTHPLACE New York

(19) OCCUPATION wife

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) H. W. Wessely

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Sumter S.C.

Given name added from a supplemental report

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

(27) Filled Oct 6 1916 (28) H. J. McKee 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.

Birth month of pregnancy