

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

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

(2) Full Name of Child

(3) SEX OF  
GIRL? *Girl*(4) Twin  
or Triplet? *No*(5) Number in  
order of birth *1*

To be answered only in event of twins or triplets

(6) Are  
Parents  
Married? *Yes*(7) DATE OF  
BIRTH *Apr. 20* 191*6*  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAME *Henry Darius Barnett*(9) PRESENT  
POSTOFFICE  
OF FATHER *Sumter S.C.*(10) COLOR  
OR  
FACE *White* (11) AGE AT LAST  
BIRTHDAY *55*  
(Years)(12) BIRTHPLACE *S.C.*(13) OCCUPATION *Mechanic*(14) Number of children born to  
mother, including present birth *2*

## 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. Kennedy*

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

*Physician* *Sumter S.C.*Given name added from a supplemen-  
tal report

191.....

Registrar

(26) Witness (Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filled *Carroll* 191*6* (28) *H. J. McKee*  
Local RegistrarWhen 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.

fifth month of pregnancy

File No.—For State Registrar Only

79392