

(1) PLACE OF BIRTH

County of Barnwell  
Township of Barnwell  
Inc. Town of Barnwell  
or  
City of .....

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
**3159**

Registration District No. 501 Registered No. 6  
(For use of Local Registrar)

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

(2) Full Name of Child Norman Masters (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? .. (5) Number in order of birth .. (6) Are Parents Married? .. (7) DATE OF BIRTH Feb 2 22  
(Name of Month) (Day) (Year)

FATHER  
(8) FULL NAME Ed Austin  
(9) PRESENT POSTOFFICE OF FATHER Barnwell SC  
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 48 (Years)  
(12) BIRTHPLACE Barnwell SC  
(13) OCCUPATION Day Laborer  
(20) Number of children born to mother, including present birth 9

MOTHER  
(14) NAME BEFORE MARRIAGE Isabelle Britt  
(15) PRESENT POSTOFFICE OF MOTHER Barnwell SC  
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 36 (Years)  
(18) BIRTHPLACE Barnwell SC  
(19) OCCUPATION Laundress  
(21) Number of children of this mother now living, including present birth 8

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was alive at 10:30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Laura Britt (25) Address of Physician or Midwife ..  
(24) State whether Physician or Midwife ..

Given name added from a supplemental report ..  
..... 19 ..  
Registrar

(20) Witness .. (Signature of Witness necessary only when question 23 is signed by mark)  
Feb 10 22 (28) N. J. Nickels 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.