

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

Section of Columns. Columns 8 C

(1) PLACE OF BIRTH

County of Northampton
Township of Northampton
or
Inc. Town of
or
City of (No. St. Ward)

(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

8547

Registration District No. 4.001 Registered No. 12
(For use of Local Registrar)

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

(a) BOY OR GIRL Boy (b) Twin or Triplet To be covered only in case of Twins or Triplets (c) Number in order of birth 1st (d) Are Parents Married? Yes (e) DATE OF BIRTH Dec. 24 1923
(Name of Month) (Day) (Year)

FATHER.

(1) FULL NAME James L. Barnett
(2) PRESENT POSTOFFICE OF FATHER Greenbush, N.C.
(3) COLOR OR RACE White (4) AGE AT LAST BIRTHDAY 34
(5) BIRTHPLACE North Carolina
(6) OCCUPATION Farmer
(7) Number of children born to mother, including present birth 5

MOTHER.

(8) NAME BEFORE MARRIAGE Mildred Johna Morgan
(9) PRESENT POSTOFFICE OF MOTHER Greenbush, N.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24
(12) BIRTHPLACE North Carolina
(13) OCCUPATION Housewife
(14) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(16) (Signature) John L. Barnett (17) State whether Physician or Midwife Physician (18) Address of Physician or Midwife Greenbush, N.C.

Given name added from a supplemental report

(19) Witness (Signature of Witness necessary only when question 23 is signed by mark.)
(20) Filed 2 21 1923 (21) May 1923
Registrar 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.

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