

(1) PLACE OF BIRTH

County of Greenville

Township of

or
Inc. Town ofor
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 Thomas Ryan Barney Jr 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 2nd(6) Are Parents Married Yes(7) DATE OF BIRTH Feb 6 - 1933

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Thomas Ryan Barney(9) PRESENT POSTOFFICE OF FATHER 33 Pine St., Monroia(10) COLOR OR RACE W.(11) AGE AT LAST BIRTHDAY 26

(Year)

(12) BIRTHPLACE N.C.(13) OCCUPATION Self

MOTHER.

(14) NAME BEFORE MARRIAGE Lillie Ethel Collins(15) PRESENT POSTOFFICE OF MOTHER same(16) COLOR OR RACE W.(17) AGE AT LAST BIRTHDAY 21

(Year)

(18) BIRTHPLACE ga(19) OCCUPATION housework(20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was alive on the date above stated. (Born alive or not)(22) (Signature) John H. Bell(23) State whether Physician or Midwife Physician(24) Address of Physician or Midwife Greenville

Give name added from a supplemental report

(25) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(26) Mar. 6 - 1933 (27) A. H. McManis 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.