

16 092865

1. PLACE OF BIRTH

County of Aiken
 Township of Millbrook
 or
 Inc. Town of _____
 or
 City of _____

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 207

FILE No.—For State Registrar Only

03836

Registered No. _____
(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 Edward Barton

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

3. Boy or Girl Boy If Plural births _____ 4. Twin, triplet or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term X 7. Are Parents Married? Yes 8. Date of birth 10/10/1916 19____
 (Month, day, year)

9. Full name FATHER Jerome Barton

18. Name before marriage MOTHER Sallie Vaughns

R. 4. Aiken Co. S.C.
 10. Residence (mailing address)
 (If non-resident, give place and State)

R. 4. Aiken Co. S.C.
 19. Residence (mailing address)
 (If non-resident, give place and State)

Negro 11. Color or race _____ 12. Age at child's birth 30 (years)

Negro 20. Color or race _____ 21. Age at child's birth 20 (years)

Aiken Co. S.C.
 13. Birthplace (city or place)
 (State or country)

Aiken Co. S.C.
 22. Birthplace (city or place)
 (State or country)

Farmer
 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife
 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work _____ 19____

25. Date (month and year) last engaged in this work _____ 19____

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn _____

28. If stillborn, period of gestation _____ months _____ weeks 29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born alive at _____ m. on the date above stated.
 (Born alive or stillborn)

{ When there was no attending physician
 or midwife, then the father, householder,
 etc., should make this return.

Given name added from _____
 a supplementary report _____
 (Date of) _____

(Signed) _____, Parent
 or Mamie Slower (Sister), Guardian

Address 1610 Colleton Ave.

Filed July 22, 1917 M. B. Woodruff
 Registrar.

Registrar.

Aiken, S. C.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)