

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 <u>Boy</u>	If Plural Births	4. Twin, triplet or other.....	6. Premature.....	7. Are Parents Married? <u>Yes</u>	8. Date of birth <u>10/10/1916</u> (Month, day, year)
9. Full name <u>FATHER</u> <u>Jerome Barton</u>		5. Number, in order of birth.....	Full term <input checked="" type="checkbox"/>	18. Name before marriage <u>MOTHER</u> <u>Sallie Vaughns</u>	
10. Residence (mailing address) (If non-resident, give place and State) <u>R. 4, Aiken Co. S.C.</u>		11. Color or race <u>Negro</u>		19. Residence (mailing address) (If non-resident, give place and State) <u>R. 4, Aiken Co. S.C.</u>	
12. Age at child's birth <u>30</u> (years)		20. Color or race <u>Negro</u>		21. Age at child's birth <u>20</u> (years)	
13. Birthplace (city or place) (State or country) <u>Aiken Co. S.C.</u>		22. Birthplace (city or place) (State or country) <u>Aiken Co. S.C.</u>		23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>Housewife</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.		25. Date (month and year) last engaged in this work 19.....	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		17. Total time (years) spent in this work 19.....		26. Total time (years) spent in this work 19.....	
16. 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 <u>4</u> (b) Born alive but now dead <u>0</u> (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.)