

(1) PLACE OF BIRTH

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—for State Registrar Only
8474

Registration District No. 45 Registered No. 175
(For use of Local Registrar)
(No. 357 N. Church 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 Donald Walter Barrett

1 SEX MALE 2 Type or Trace Yes 3 Number in order of birth 1 4 Sex of Parent Male 5 DATE February 29-1923
6 BIRTH (Name of blood) (Year)

FATHER.
7 FULL NAME J. A. Barrett
8 PRESENT POSTOFFICE OF FATHER Hartenburg
9 COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32 (Years)
10 BIRTHPLACE S. C.
12 OCCUPATION Sunday School Secretary
13 Number of children born to mother, including present birth (4) Four

MOTHER.
14 NAME BEFORE MARRIAGE Brite Forbes
15 PRESENT POSTOFFICE OF MOTHER Hartenburg
16 COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30 (Years)
18 BIRTHPLACE S. C.
19 OCCUPATION House
20 Number of children of this mother now living, including present birth (3) Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) D. M. Boyd (24) State whether Physician or Midwife
(25) Address of Physician or Midwife Hartenburg S. C.

Given name added from a supplemental report
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19
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 4-1 to 23 (M) Jan 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.