

## (1) PLACE OF BIRTH

County of Richland  
 Township of Chazy  
 Inc. Town of.....  
 City of.....

## CERTIFICATE OF BIRTH

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

No. 14.—For State Register City  
**26837**

Registration District No. 202 Registered No. ....  
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child James P. Barth If child is not yet named, make supplemental report as directed

3) BOY OR GIRL Boy 4) Type or Triple? 0 5) Number in order of birth 1 6) Age of child at birth no 7) DATE OF BIRTH Sept 19 1923  
 (Month) (Day) (Year)

## FATHER.

8) FULL NAME Walter Barth

9) PRESENT POSTOFFICE OF FATHER Pateburg SC

10) COLOR OR RACE W. 11) AGE AT LAST BIRTHDAY 22  
 (Year)

12) BIRTHPLACE Cuba Co

13) OCCUPATION Farmer

20) Number of children born to mother, including present birth 2

## MOTHER.

14) NAME BEFORE MARRIAGE Rosie Anna Kneels

15) PRESENT POSTOFFICE OF MOTHER Pateburg

16) COLOR OR RACE W. 17) AGE AT LAST BIRTHDAY 22  
 (Year)

18) BIRTHPLACE Cuba

19) OCCUPATION Housewife

21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(23) (Signature) W. J. Gilman  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife M.S. Pateburg

Given name added from a supplemental report.

James Lawrence  
Dec 18 1923  
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 19 (28) 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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