

(1) PLACE OF BIRTH

County of Charleston
 Township of St. Stephens
 or
 Inc. Town of
 or
 City of

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

Registration District No. 705

File No.—For State Registrar Only

3262Registered No. 5
(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child Ernest Russell Barnett
 If birth occurs in a hospital or other institution, give name of same instead of street and number;
 If child is not yet named, make supplemental report as directed

3. BOY OR GIRL?

4. Twin or Triplet?

5. Number in order of birth
To be answered only in event of Twins or Triplets6. Are Parents Married? yes

7. DATE OF

BIRTH Jan 22
(State of Month) (Day) (Year)

FATHER.

8. FULL NAME

9. PRESENT POSTOFFICE OF FATHER

10. COLOR OR RACE

11. AGE AT LAST BIRTHDAY

12. BIRTHPLACE

13. OCCUPATION

20. Number of children born to mother, including present birth

MOTHER.

14. NAME BEFORE MARRIAGE

15. PRESENT POSTOFFICE OF MOTHER

16. COLOR OR RACE

17. AGE AT LAST BIRTHDAY

18. BIRTHPLACE

19. OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Barnett at St. M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Elina Barnett

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Jan 2219 22

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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MARGIN RECOMMENDED FOR BINDING.
 WRITE PLAINLY. PRINT IN A PERMANENT INK. MARK THE
 VARIOUS PLACES. PRINT OR WRITE ONE OF THE FOLLOWING PLACES FOR EACH CHILD, AND MARK THE
 PLACES WITH A PENCIL OR INK. NO. 2, etc. in question 5.