

(1) PLACE OF BIRTH
County of Charleston S.C.
Township of

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

File No. — For State Registrar Only
41317

1976

Inc. Town of Registration District No. 9 Registered No.
(For use of Local Registrar)
City of Francis Sumner St. W. Ward
(No.) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child Raymond Dalton Barrett If child is not yet named, make supplemental report as directed

3) ☒ BOY ☐ GIRL (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 9
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Ignatius Dalton Barrett
9) PRESENT POST OFFICE OF FATHER 41 Shepherd St.
10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 28 (Years)
12) BIRTHPLACE Charleston S.C.
13) OCCUPATION machinist
14) Number of children born to mother, including present birth 1

MOTHER.

14) NAME BEFORE MARRIAGE Lola Irene Smallwood
15) PRESENT POST OFFICE OF MOTHER 41 Shepherd St.
16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 31 (Years)
18) BIRTHPLACE Daytona Fla.
19) OCCUPATION house wife
20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 325 R. M. on the date above stated. (How A. M. or P. M.)

(23) (Signature) Dr. J. H. Green

(24) State of South Carolina (25) Address of Physician or Midwife 277 College St.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed)

(27) Local Registrar

Local Registrar

When there was no attending physician or midwife, the father, householder, etc., should make this return. If a child breathes even once, it must be reported as a birth. No report is desired of stillbirths before the fourth month of pregnancy.