

(1) PLACE OF BIRTH

County of Charleston

Township of .....

or  
Inc. Town of Charleston  
or  
City of Charleston

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

48319

Registration District No. 9A Registered No. 198

(For use of Local Registrar)

(No. 14 Carolina St.; ..... Ward)

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

(3) ~~MALE~~ GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH 14 Feb 1916  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Albert Joseph Barton

(9) PRESENT POSTOFFICE OF FATHER Charleston

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25 yrs (Years)

(12) BIRTHPLACE Charleston

(13) OCCUPATION Plumber

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

MOTHER.

(14) NAME BEFORE MARRIAGE Mamie J. Barton

(15) PRESENT POSTOFFICE OF MOTHER Charleston

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE Walthalla S. C.

(19) OCCUPATION House Wife

(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 Alive at 7 o'clock on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mrs. H. Krater

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

On 105 89 Nassau St

Given name added from a supplemental report

....., 191.....

Registrar

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

(27) Filed 2-14-16 (28) J. Mercer

\*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.