

(1) PLACE OF BIRTH

County of Lanier
Township of Lanier
or
Ine. Town of Lanier
or
City of Lanier
(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

8151

Registration District No. 79th Registered No. 24
(For use of Local Registrar)

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? no (5) Number in order of birth 1st (6) Are Parent Married? yes (7) DATE OF BIRTH Jan 6 22
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Geo Barrett

(9) PRESENT POSTOFFICE OF FATHER Lanier, S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23
(Years)

(12) BIRTHPLACE N.C.

(13) OCCUPATION Mill work.

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

MOTHER

(14) NAME BEFORE MARRIAGE Hosie Hooper

(15) PRESENT POSTOFFICE OF MOTHER Lanier, S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21
(Years)

(18) BIRTHPLACE Spartanburg Co.

(19) OCCUPATION Domestic

(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 White 7 6 M., on the date above stated. (Born alive or stillborn) (Hour & P. M.)

(23) (Signature) James W. ...
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Lanier S.C.

Given name added from a supplemental report

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

(27) Filed Jan 22 1922 (28) W. H. ... 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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