

(1) PLACE OF BIRTH

County of

Aiken

Township of

Ward

or

Inc. Town of

or

City of

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

(2) Full Name of Child

John Burgess Barton Jr.

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

boy

(4) Twin or Triplet?

(5) Number in order of birth

8

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

June 16, 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

John Burgess Barton

(9) PRESENT POSTOFFICE OF FATHER

Monetta SC

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

35

(Years)

(12) BIRTHPLACE

Aiken Co

(13) OCCUPATION

Farmer

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

8

MOTHER.

(14) NAME BEFORE MARRIAGE

Emma Cochran

(15) PRESENT POSTOFFICE OF MOTHER

Monetta SC

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

34

(Years)

(18) BIRTHPLACE

Aiken Co

(19) OCCUPATION

Housewife

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

6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive, at 7:00 a.m., or the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

D. B. Farnham M.D.

(24) State whether Physician or Midwife

M.D.

(25) Address of Physician or Midwife

Ridge Spring SC.

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed July 1, 1916

(28) H. E. Davis

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.

before the fifth month of pregnancy.

D. K. Neeko

FIRST-BORN N. No. 1. THE OTHER, No. 2, etc., in question 5.