

(1) PLACE OF BIRTH

County of Aiken
Township of Ward
or
Inc. Town of
or
City of

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

File No.—For State Registrar Only
62884

Registration District No. 3/4 Registered No. 37
(For use of Local Registrar)

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

(2) Full Name of Child John Burgess Barton W. 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
To be answered only in event of Twins or Triplets (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 Famer
(14) 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 a.m. or the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) D. B. Fancher M.D.
(24) State whether Physician or Midwife M.D. (25) Address of Physician or Midwife Ridge Spring 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 July 1, 1916 (28) H. E. Lewis 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. Weeks

FIRST-PRINT N. No. 1. THE OFFICIAL No. 2, etc., in question 5.