

## (1) PLACE OF BIRTH

County of Greenville  
 Township of Cherokee  
 or  
 Inc. Town of .....

## CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

42647

Registration District No. 2203 Registered No. 15  
 (For use of Local Registrar)

City of ..... (No. .... St.; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Annie L. Barton 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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 7, 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Will. Barton  
 (9) PRESENT POSTOFFICE OF FATHER Marionette  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38  
 (Year) (12) BIRTHPLACE South Carolina  
 (13) OCCUPATION Farming  
 (20) Number of children born to mother, including present birth One

## MOTHER.

(14) NAME BEFORE MARRIAGE May Hammett  
 (15) PRESENT POSTOFFICE OF MOTHER Marionette  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21  
 (Year) (18) BIRTHPLACE South Carolina  
 (19) OCCUPATION Housewife  
 (21) 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 ..... at ..... M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Oliver L. B. M.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Dec. 7, 1922 (28) Mrs. Effie Robinson  
 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.