

(1) PLACE OF BIRTH

County of Greenville

Township of

or
Inc. Town ofor
City of Greenville

(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

89995

Registration District No. 22 A Registered No. 506
(For use of Local Registrar)(2) Full Name of Child Lavalee Barton (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 21</u> 19 <u>16</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME John Barton(9) PRESENT POSTOFFICE OF FATHER Greenville S.C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 28 (Years)(12) BIRTHPLACE Oconee(13) OCCUPATION Laborer(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Fannie Owens(15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 26 (Years)(18) BIRTHPLACE Oconee(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 11:25 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Jane X Ware (25) Address of Physician or Midwife(24) State whether, Physician or Midwife Midwife 521 Oconee St.

Given name added from a supplemental report

(26) Witness Grace Chalmers
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Jan 2 1917 (28) C. Smith 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.