

(1) PLACE OF BIRTH

County of CharlestonTownship of CharlestonInc. Town of CharlestonCity of Charleston

(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

Registration District No. 1411 Registered No. 2

(For use of Local Registrar)

(2) Full Name of Child DAVID ANN BARNETT

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

(1) SEX OF CHILD <u>Girl</u>	(2) Type or Triplet <u>To be reported only in event of Triplet or Triplet</u>	(3) Number in order of birth <u>1</u>	(4) Age of mother <u>21</u>	(5) Date of birth <u>Jan 21 1922</u>
FATHER			MOTHER	
(6) NAME OF FATHER <u>David Barnett</u>			(14) NAME OF MOTHER <u>Aritha Robinson</u>	
(7) PRESENT RESIDENCE OF FATHER <u>St Paul S.C.</u>			(15) PRESENT RESIDENCE OF MOTHER <u>St Paul S.C.</u>	
(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>21</u>	(18) COLOR OR RACE <u>Black</u>	(19) AGE AT LAST BIRTHDAY <u>17</u>	
(20) BIRTHPLACE <u>Charleston Co. S.C.</u>		(21) BIRTHPLACE <u>Charleston Co. S.C.</u>		
(22) OCCUPATION <u>Farm Hand</u>		(23) OCCUPATION <u>House wife</u>		
(24) Number of children born to mother, including present birth <u>one</u>		(25) Number of children of this mother now living, including present birth <u>one</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(26) I hereby certify that I attended the birth of this child, who was born alive at St. Paul S.C. on the date above stated.(27) (Signature) Phoebe Barnett

(28) State whether Physician or Midwife (29) Address of Physician or Midwife

(Given name added from a supplemental report)

(30) Witness John W. King (Signature of witness necessary only when question 28 is signed to mark)(31) Jan 27 22 (32) John W. King (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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