

PLACE OF BIRTH  
County of Charleston  
Township of \_\_\_\_\_  
or  
Inc. Town of \_\_\_\_\_  
or  
City of Charleston

Standard Certificate of Birth  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health  
Registration District No. 9A

Registered No. 1888  
(For use of Local Registrar)

(No. 14 Corcoran St.)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number)  
If child is not registered, make supplemental report as directed.

FULL NAME OF CHILD Kathleen Barnwell

1. Sex or Girl Girl 2. Plural births 1 3. Twin, triplet, or other 1 4. Premature 1 5. Legitimate 1 6. Date of birth Dec. 4, 1928  
7. Full name YES 8. (Month, day, year)

FATHER  
1. Full name Benjamin Barnwell

2. Residence (usual place of abode) City  
(If nonresident, give place and State)

3. Color or race Co 4. Age at last birthday 35 (Years)

5. Birthplace (city or place) Charleston, S.C.  
(State or country)

6. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. Porter

7. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Domestic

8. Date (month and year) last engaged in this work 19

9. Total time (years) spent in this work 3

10. Number of children of this mother (At time of this birth and including this child) 3

11. If stillborn, period of gestation 3 months 3 weeks

12. Cause of stillbirth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 9:15 P.M. date above stated

(Signed) M. D.  
or M. D. Midwife  
Address 88 Calhoun St.

Given name added from Leon Benov, M.D.  
a supplemental report (Date of) Dec. 30, 1928

Registrar Dec. 10/6/31

~~41243~~

Registered No. 1884  
(For use of Local Registrar)

1. St.; ..... Ward)  
(of street and number.)

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

- (1) As evidence to prove the age and legitimacy of
- (2) As proof of age to determine the validity of a contract entered into by an alleged minor;
- (3) As evidence to establish age and proof of citizenship and descent in order to vote;
- (4) As evidence to establish the right of admission to professions and to many public offices;
- (5) As evidence of legal age to marry;
- (6) As evidence to prove the claims of widows and orphans under the widow's and orphan's pension law;
- (7) As evidence to determine the liability of parents for the debts of a minor;

Statement of occupation.—Make some entry in this section of home housework, write *housework* in answer to Question in domestic service for wages, however, designate the occupation, hotel, etc. For a person who has no occupation whatever write

To be complete, an occupation return must state:

- 14 and 23.—The trade, profession, or particular kind of business in which the person last worked.  
15 and 24.—The industry or business in which the person last worked.  
16 and 25.—The month and year the person last worked.  
17 and 26.—The number of years the person followed the trade, profession, or business.

In stating the occupation, avoid the use of such indefinite terms as "various kinds of work," "all kinds of work," "all kinds of particular kind of work done and return that, as spinner, weaver,

In stating the industry or business, avoid the use of any particular kind of store, factory, mill, etc., as grocery store, soap

Distinguish carefully the different kinds of engineers by stating *mining engineer, stationary engineer*, etc. Avoid the term "mechanic." Do not use the word "mechanic," but give the exact occupation. *retail merchants and Wholesale merchants.* A person who sells

3 (6) Are Parents Married? *yes*

(7) DATE OF BIRTH Dec 4<sup>th</sup> 1922  
(Name of Month) (Day) (Year)

## MOTHER

- (14) NAME BEFORE MARRIAGE *Viola Depass*  
(15) PRESENT POSTOFFICE OF MOTHER *14 Carondelet*  
(16) COLOR OR RACE *Colored* (17) AGE AT LAST BIRTHDAY *24* (Years)  
(18) BIRTHPLACE *Charleston, S. C.*  
(19) OCCUPATION *Domestic*  
(21) Number of children of this mother now living, including present birth *3*

**ING PHYSICIAN OR MIDWIFE:**

His child, who was... *Alive* ... at *4<sup>10</sup>* ... M.,  
(Born alive or stillborn) (Hour A. M. or P. M.)

<u>Marilee E. Randall</u> Physician or Midwife		(25) Address of Physician or Midwife <u>nurse</u>	
		<u>86 Leachman St</u>	

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

1230 15 (2) Local Registrar.

in the father, household, etc., should make this return.  
ted as stillborn. No report is desired of stillbirths  
onth of pregnancy.