

## (1) PLACE OF BIRTH

County of Sumter

Township of .....

or

Inc. Town of .....

or

City of .....

(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

42605

Registration District No. 22A Registered No. 677

(For use of Local Registrar)

(2) Full Name of Child. .... { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl

(4) Twin or triplet?

(5) Number in order of birth

To be answered only in case of twins or triplets

(6) Are Parents Married? yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Emory Miles Barnett(9) PRESENT POSTOFFICE OF FATHER Brewer St.(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 37 (Years)(12) BIRTHPLACE St.(13) OCCUPATION Carroll Buyer

(14) Number of children born to mother, including present birth { .....

## MOTHER.

(14) NAME BEFORE MARRIAGE Barnett(15) PRESENT POSTOFFICE OF MOTHER Brewer St.(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 34 (Years)(18) BIRTHPLACE St.(19) OCCUPATION Housewife

(20) Number of children of this mother now living, including present birth { .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(21) I hereby certify that I attended the birth of this child, who was born at St. 3 M., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) J. V. Jordan(24) State whether Physician or Midwife (25) Address of Physician or Midwife Brewer St.

Given name added from a supplemental report

(26) Witness .....

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

(27) Filed Jan 11 1923 (28) C. E. 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.

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