

(1) PLACE OF BIRTH

County of Union
 Township of Bogertville
 OF
 Inc. Town of
 OF
 City of

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only
22806

Registration District No. 420, Registered No. 85
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Robert Marion Barnes If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>July 15 1923</u> (Month) (Day) (Year)
(8) FULL NAME <u>Robert Sloan Barnes</u>		(9) NAME BEFORE MARRIAGE <u>Hattie Knight</u>		
(10) PRESENT POSTOFFICE OF FATHER <u>Buffalo S S</u>		(11) PRESENT POSTOFFICE OF MOTHER <u>Buffalo S S</u>		
(12) COLOR OR RACE <u>white</u>	(13) AGE AT LAST BIRTHDAY <u>51</u> (Year)	(14) COLOR OR RACE <u>white</u>	(15) AGE AT LAST BIRTHDAY <u>27</u> (Year)	
(16) BIRTHPLACE <u>South Carolina</u>		(17) BIRTHPLACE <u>North Carolina</u>		
(18) OCCUPATION <u>Mill work</u>		(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>3</u>		(21) Number of children of this mother now living, including present birth <u>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 34 M., on the date above stated. (Born alive or stillborn Hour M. or P. M.)

(23) (Signature)

(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

Aug 10 1923

(28)

Joe F. Howard

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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