

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Anderson

Township of .....

or  
Inc. Town of .....

or  
City of Anderson

(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. 3A

File No.—For State Registrar Only

166

Registered No. 30  
(For use of Local Registrar)

(2) Full Name of Child James

Halston Barton child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? ☒

(5) Number in order of birth 1  
To be answered only in case of Twins or Triplets

(6) Are Parents Married? yes

(7) DATE OF BIRTH Jan 21 1924  
(State of Month) (Day) (Year)

FATHER

(8) FULL NAME Halston Barton

(9) PRESENT POSTOFFICE OF FATHER Anderson SC

(10) COLOR OR RACE w (11) AGE AT LAST BIRTHDAY 31 (Years)

(12) BIRTHPLACE Anderson SC

(13) OCCUPATION wholesale grocer

(20) Number of children born to mother, including present birth 2

MOTHER

(14) NAME BEFORE MARRIAGE Willina Harper

(15) PRESENT POSTOFFICE OF MOTHER Anderson SC

(16) COLOR OR RACE w (17) AGE AT LAST BIRTHDAY 29 (Years)

(18) BIRTHPLACE Elberton Ga

(19) OCCUPATION domestic

(21) Number of children of this mother now living, including present birth 1 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 2:45 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Anna Simpson M.D.

(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 22 is signed by mark)

19 .....

(27) Filed 19 ..... (28) 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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11 Registrar this return Artha