

9258-81558

8-3-51

22 050085

Registration Dist. No. 44-16 **STANDARD CERTIFICATE OF LIVE BIRTH**
 Division of Vital Statistics — State Board of Health
 State of South Carolina Birth No. 189 — 00-010062
 Registrar's No. _____ Federal Security Agency
 Public Health Service

1. PLACE OF BIRTH a. County <u>York</u>		2. Usual Residence of Mother (Where does mother live?) a. State <u>S. C.</u> b. County <u>York</u>	
b. City (If outside corporate limits, write RURAL) or town <u>Rock Hill</u>		c. City (If outside corporate limits, write RURAL) or town <u>Rock Hill</u>	
c. Full name of (If not in hospital or institution, give street address or location) hospital or institution <u>Fennell Infirmary</u>		d. Street (If rural, give location) address _____	
3. Child's name (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Nathaniel</u> c. (Last) <u>Barton</u>		5b. If twin or triplet (This child born) 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	
4. Sex <u>Male</u>	5a. This birth Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>	6. Date (Month) (Day) (Year) of birth <u>Jan. 18 1922</u>	

FATHER OF CHILD			
7. Full name a. (First) <u>Jackson</u> b. (Middle) <u>William</u> c. (Last) <u>Barton</u>		8. Color or race <u>White</u>	
9. Age (At time of this birth) <u>21</u> Years	10. Birthplace (State or foreign country) <u>Monroe, Georgia</u>	11a. Usual occupation <u>Road const.</u>	11b. Kind of business or industry _____

MOTHER OF CHILD			
12. Full maiden name a. (First) <u>Janie</u> b. (Middle) <u>Olive</u> c. (Last) <u>Anderson</u>		13. Color or race <u>White</u>	
14. Age (At time of this birth) <u>19</u> Years	15. Birthplace (State or foreign country) <u>Rock Hill, S. C.</u>	16. Children previously born to this mother (a) How many OTHER children are now living? <u>None</u> (b) How many OTHER children were born alive but are now dead? <u>None</u> (c) How many children were stillborn (born dead after 20 weeks pregnancy)? <u>None</u>	(Do NOT include this child)
17. I have reviewed the information on this, my child's birth certificate, and find it to be correct.		18. I hereby certify that this child was born alive on the date stated above at <u>M.</u> 18a. Signature of attendant <u>[Signature]</u> 18c. Address <u>Rock Hill, S. C.</u>	
18b. Attendant at birth <u>M.D.</u> <input checked="" type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify) _____		18d. Date signed <u>8-8-51</u>	

19. Date rec'd by Local Reg. <u>8-9-51</u>	20. Registrar's signature <u>Thos. P. Lesesne</u>	21. Date on which given name added By _____ (Registrar)
---	--	--

FOR MEDICAL AND HEALTH USE ONLY (This section MUST be filled out)			
22a. Length of pregnancy Weeks _____	22b. Weight at birth lb. _____ oz. _____	23. Is mother married to father of child? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	24. Mother's blood tested for syphilis? Yes <input type="checkbox"/> No <input type="checkbox"/> Date _____ Laboratory _____
25a. State any complications of pregnancy and labor _____		25b. State any operation for delivery _____	
25c. Describe any birth injury _____		25d. Describe any congenital malformations _____	
25e. What prophylactic used in eyes? _____		25f. Time used _____	

Form No. VS-2

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK — THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated