

9258-81558

BB
8-3-51

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Registration Dist. No. 44-10 **STANDARD CERTIFICATE OF LIVE BIRTH** Federal Security Agency
 Division of Vital Statistics - State Board of Health Public Health Service
 State of South Carolina Birth No. 189 - 00-010062
 Registrar's No. _____

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 hospital or institution (If not in hospital or institution, give street address or location) <u>Fennell Infirmary</u>		d. Street address (If rural, give location)	
3. Child's name (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Nathaniel</u> c. (Last) <u>Barton</u>		6. Date (Month) (Day) (Year) of birth <u>Jan. 18 1922</u>	
4. Sex <u>Male</u>	5a. This birth <u>Single</u> <input checked="" type="checkbox"/> <u>Twin</u> <input type="checkbox"/> <u>Triplet</u> <input type="checkbox"/>	5b. If twin or triplet (This child born) 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	
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>
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 18a. Signature of attendant <u>[Signature]</u>	
(Signature of Mother)		18b. Address <u>Rock Hill, S. C.</u>	
19. Date rec'd by Local Reg. <u>8-9-51</u>	20. Registrar's signature <u>Thos. P. Lesesne</u>		18c. Attendant at birth <u>M.D.</u> <input checked="" type="checkbox"/> <u>Midwife</u> <input type="checkbox"/> <u>Other</u> (Specify)
		18d. Date signed <u>8-8-51</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	
25d. Describe any congenital malformations		25c. Describe any birth injury	
		25e. What prophylactic used in eyes? <u>M.</u>	
		25f. Time used	

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