

## (1) PLACE OF BIRTH

County of Cherokee  
 Township of Simmons  
 or  
 Inc. Town of Asbury  
 or  
 City of Asbury

(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

17981

Registration District No. 10A Registered No. 130  
 (For use of Local Registrar)

No. City Hospital St. 6 Ward 6

(2) Full Name of Child Delia Francis Barrett If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin Single or Triplet? (5) Number in order of birth 9 (6) Are Parents Married? yes (7) DATE OF BIRTH June 8 1922  
 (Sex of Mother) (Year)

## FATHER.

(8) FULL NAME Samuel Edward Barrett

(9) PRESENT POSTOFFICE OF FATHER Gaffney S.S. R#1

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 39 (Years)

(12) BIRTHPLACE Cherokee Co. S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 9

## MOTHER.

(14) NAME BEFORE MARRIAGE Sarah Louisa Newkey

(15) PRESENT POSTOFFICE OF MOTHER Gaffney S.S. R#1

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34 (Years)

(18) BIRTHPLACE Cherokee Co. S.C.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 9

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Delia at 5:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. F. Smith  
 (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)

(27) Filed 7/10 1922 (28) W. F. 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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