

(1) PLACE OF BIRTH

County of SaludaTownship of # 2or
Inc. Town ofor
(City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

5145

Registration District No. 3901 Registered No. 4
(For use of Local Registrar)(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Johnnie Frank Barnes If 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 (6) Are Parents Married? (7) DATE OF BIRTH Feb 12 1923
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Johnnie Barnes</u>	(14) NAME BEFORE MARRIAGE <u>Emmerson Nobley</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Batesburg</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Batesburg</u>		
(10) COLOR OR RACE <u>Black</u> (11) AGE AT LAST BIRTHDAY <u>20</u> (Year)	(16) COLOR OR RACE <u>Black</u> (17) AGE AT LAST BIRTHDAY <u>18</u> (Year)		
(12) BIRTHPLACE <u>Saluda Co</u>	(18) BIRTHPLACE <u>Saluda Co</u>		
(13) OCCUPATION <u>Farming</u>	(19) OCCUPATION <u>Farm hand</u>		
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 7a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Sue Lantl (24) State whether Physician or Midwife Mid (25) Address of Physician or Midwife Batesburg

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Feb 15 1923 (28) May J. Branch Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillborn before the fifth month of pregnancy.

MARGIN REMOVED FOR INDEXING. WITH UNIFORM INDEXING IS A PERMANENT RECORD. WRITE PLAINLY. IN CASE OF TWIN OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD. AND MAKE THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8.