

MARGIN RESERVED FOR BINDING.

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.

McCaw, of Columbia.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of		STATE OF SOUTH CAROLINA.		72892	
Township of		Bureau of Vital Statistics			
Inc. Town of		State Board of Health			
City of Greenville		Registration District No. 22 A		Registered No. 344	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. 54117 N. Main St.)		(For use of Local Registrar)	
(2) Full Name of Child Jack Watson Barnett { If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL? Boy	(4) Twin or Triplet? <input checked="" type="checkbox"/>	(5) Number in order of birth <input checked="" type="checkbox"/>	(6) Are Parents Married? Yes	(7) DATE OF BIRTH Aug. 23rd 1916 (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME H. Arthur Barnett			(14) NAME BEFORE MARRIAGE Flora Mahaffey		
(9) PRESENT POSTOFFICE OF FATHER Greenville, S.C.			(15) PRESENT POSTOFFICE OF MOTHER Greenville, S.C.		
(10) COLOR OR RACE White	(11) AGE AT LAST BIRTHDAY 34 (Years)	(16) COLOR OR RACE White	(17) AGE AT LAST BIRTHDAY 33 (Years)		
(12) BIRTHPLACE Greenville Co. S.C.			(18) BIRTHPLACE Greenville Co. S.C.		
(13) OCCUPATION Telephone Employee			(19) OCCUPATION Domestic		
(20) Number of children born to mother, including present birth Five			(21) Number of children of this mother now living, including present birth Five		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was alive at 8 P. M. on the date above stated. (If born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) R. H. ...					
(24) State when Physician or Midwife Physician (25) Address of Physician or Midwife Greenville, S.C.					
Given name added from a supplemental report					
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)					
(27) Filed Spt. 6. 1916 (28) C. E. 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.