

(1) PLACE OF BIRTH

County of *Spartanburg*Township of *Cross Church*or
the Town of *Amara*or
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—for State Registrar Only

30214

Registration District No. *1003*Registered No. *76*
(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

If child is not yet named, make supplemental report as directed

3 SEX OF CHILD

Boy

4 Twin or Triplet?

To be answered only in event of Twin or Triplet

5 Number in order of birth

6 Are Parents Married?

yes

7 DATE OF BIRTH

Sept 27, 23
(Name of Month) (Day) (Year)

FATHER.

8 FULL NAME

James Franklin Barnett

9 PRESENT POSTOFFICE OF FATHER

Cross Church S.C.

10 COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

41
(Years)

12 BIRTHPLACE

Spartanburg Co.

13 OCCUPATION

Attorney at Law

MOTHER.

(14) NAME BEFORE MARRIAGE

Lelia Irene Kay

(15) PRESENT POSTOFFICE OF MOTHER

Cross Church S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

35
(Years)

(18) BIRTHPLACE

Amara S.C.

(19) OCCUPATION

Domestic

20 Number of children born to mother, including present birth

2

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *alive* at *8 V.* M., on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature)

C. H. Hanna

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Cross Church 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

Sept 27, 23

(28)

Local Registrar

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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