

## (1) PLACE OF BIRTH

County of Porter  
 Township of Beech App.  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—for State Registrar Only  
**30122**

Registration District No. H-0-C Registered No. 141  
 (For use of Local Registrar)

City of ..... (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 William Barrett If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL 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 14 1923  
 (Name) (Month) (Day) (Year)

FATHER. MOTHER.  
 (8) FULL NAME William Barrett (14) NAME BEFORE MARRIAGE Emily Raines  
 (9) PRESENT POSTOFFICE OF FATHER Inman SC R2 (15) PRESENT POSTOFFICE OF MOTHER Inman SC R2  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31  
 (12) BIRTHPLACE Sperry SC (18) BIRTHPLACE SC  
 (13) OCCUPATION Butcher (19) OCCUPATION Housewife  
 (20) Number of children born to mother, including present birth 2 (21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 7 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. Chapman (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Inman SC

(Given name added from a supplemental report)

.....  
 19 ..  
 Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)  
 (27) Filed Sept 15 1923 (28) 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.