

(1) PLACE OF BIRTH

County of SpartanburgTownship of Glen Daleor Inc. Town of Glen Daleor (City of Glen Dale)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

10228

Registration District No. Registered No.
(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 Fred J. Barton If child is not yet named, make supplemental report as directed3. BOY OR GIRL Boy 4. Twin or Triplet No 5. Number in order of birth 1 6. Are Parents Married? Yes 7. DATE OF BIRTH June 11, 1923
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
8. FULL NAME <u>Fred Barton</u>	14. NAME BEFORE MARRIAGE <u>Cara E. Budd</u>	14. NAME BEFORE MARRIAGE <u>Cara E. Budd</u>	14. NAME BEFORE MARRIAGE <u>Cara E. Budd</u>
9. PRESENT POSTOFFICE OF FATHER <u>Glen Dale</u>	15. PRESENT POSTOFFICE OF MOTHER <u>Glen Dale</u>	15. PRESENT POSTOFFICE OF MOTHER <u>Glen Dale</u>	15. PRESENT POSTOFFICE OF MOTHER <u>Glen Dale</u>
10. COLOR OR RACE <u>White</u>	16. COLOR OR RACE <u>White</u>	16. COLOR OR RACE <u>White</u>	16. COLOR OR RACE <u>White</u>
11. AGE AT LAST BIRTHDAY <u>23</u>	17. AGE AT LAST BIRTHDAY <u>23</u>	17. AGE AT LAST BIRTHDAY <u>23</u>	17. AGE AT LAST BIRTHDAY <u>23</u>
12. BIRTHPLACE <u>South Carolina</u>	18. BIRTHPLACE <u>Demetria</u>	18. BIRTHPLACE <u>Demetria</u>	18. BIRTHPLACE <u>Demetria</u>
13. OCCUPATION <u>Welder</u>	19. OCCUPATION <u>Cherry Lib.</u>	19. OCCUPATION <u>Cherry Lib.</u>	19. OCCUPATION <u>Cherry Lib.</u>
20. Number of children born to mother, including present birth <u>4</u>	21. Number of children of this mother now living, including present birth <u>3</u>	21. Number of children of this mother now living, including present birth <u>3</u>	21. Number of children of this mother now living, including present birth <u>3</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ... at ... 6.00 P.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) C. M. Allen (24) State whether Physician or Midwife (25) Address of Physician or MidwifePhysician Glen Dale

Give name added from a supplemental report

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

(27) Filed 19 ... (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.When there was no attending physician or midwife, then the father, householder, etc., should make this return.
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