

Form No. 10. LARGE PRINTED FOR BLIND. MADE IN U.S.A. BY THE GOVERNMENT PRINTING OFFICE. U.S. GOVERNMENT PRINTING OFFICE: 1916. Columbia.

(1) PLACE OF BIRTH
 County of Grenville
 Township of Gleny Mt.
 or
 Inc. Town of
 City of (No.) (For use of Local Registrar)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
46350

(2) Full Name of Child Cornelia Barnett } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 13 1914</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>James Matthew Barnett</u>			(14) NAME BEFORE MARRIAGE <u>Lucenia Baller</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Sandrum S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Sandrum S.C.</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>36</u> (Years)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>31</u> (Years)	
(12) BIRTHPLACE <u>Grenville co. S.C.</u>			(18) BIRTHPLACE <u>Grenville co. S.C.</u>	
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>Housewife</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>4</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 (22) I hereby certify that I attended the birth of this child, who was alive at 9:45 P.M., on the date above stated. (Born, alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) R. S. Christopher
 (24) State whether Physician or Midwife: Physician (25) Address of Physician or Midwife: Sandrum S.C.

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed June 15 1914. (28) G. V. Phillips 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.

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