

(1) PLACE OF BIRTH

County of Aiken

Township of Sleepy Hollow

or
Inc. Town of

or
City of

(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

71125

Registration District No. VIV

Registered No. 59
(For use of Local Registrar)

(2) Full Name of Child, George Barton

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Aug. 4, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Nathaniel Barton

(9) PRESENT POSTOFFICE OF FATHER Hawthorne S.C.

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 27 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Laborer

(20) Number of children born to mother, including present birth { }

MOTHER.

(14) NAME BEFORE MARRIAGE Minnie Jones

(15) PRESENT POSTOFFICE OF MOTHER Hawthorne S.C.

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 17 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Laborer

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Miller Johnson

(24) State whether Physician or Midwife midwife

(25) Address of Physician or Midwife Hawthorne

Given name added from a supplemental report

(26) Witness W. A. Eubank
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 8/2/16 (28) W. A. Eubank Local Registrar

....., 191.....
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.

MARGIN RESERVED FOR BINDING. WITH UNUSING INK. THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS, COMPLETE SEPARATE BLANKS FOR EACH CHILD, AND MARK ON FIRST-BORN, NO. 1; THE OTHERS, NO. 2, etc., in question 1.