

**(1) PLACE OF BIRTH**

County of Greenville  
 Township of Hairman  
 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

**90081**

Registration District No. 2209 Registered No. 149  
 (For use of Local Registrar)

**(2) Full Name of Child** Charles David Barton If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 6 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 27, 1916  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Dr. H. Barton  
 (9) PRESENT POSTOFFICE OF FATHER Simpsonville  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 50 (Years)  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 6

**MOTHER.**

(14) NAME BEFORE MARRIAGE Mamie G. Smith  
 (15) PRESENT POSTOFFICE OF MOTHER Simpsonville  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 41 (Years)  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION Housekeeping  
 (21) Number of children of this mother now living, including present birth 6

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born at 11 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. P. Richardson  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Simpsonville, 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 Jan 10 1917 (28) M. D. Duckett 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.