

PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

15842

County of York
 Township of Sandrum
 or
 City of Sandrum

Registration District No. 4-2-1-6 Registered No. 25
 (For use of Local Registrar)

City of Sandrum (No. 1 St.; 1 Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(1) Full Name of Child Thuman Barton (If child is not yet named, make supplemental report as directed)

(2) Sex Boy (3) Date of Birth Feb 1 1923
 (4) Type or Trust Free (5) Number in order of birth 3 (6) Are Parents Married Yes
 To be answered only in case of Type or Trust

FATHER: (10) NAME BEFORE MARRIAGE Thuman J. Barton (11) PRESENT POSTOFFICE OF FATHER Sandrum S.C.
 (12) COLOR OR RACE White (13) AGE AT LAST BIRTHDAY 26 (Year)
 (14) BIRTHPLACE S.C. (15) OCCUPATION Mill operative

MOTHER: (16) NAME BEFORE MARRIAGE Jose Gibbs (17) PRESENT POSTOFFICE OF MOTHER Sandrum S.C.
 (18) COLOR OR RACE White (19) AGE AT LAST BIRTHDAY 24 (Year)
 (20) BIRTHPLACE S.C. (21) OCCUPATION House-wife

(22) Number of children born to mother, including present birth 3 (23) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(24) I hereby certify that I attended the birth of this child, who was born alive at 10 P.M. on the date above stated. (Hour 10 P.M.)

(25) (Signature) A. B. Warden (26) Address of Physician or Midwife Sandrum, S.C.

Give name added from a supplemental report
 (27) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (28) Filled Yes (29) C. L. Mayberry 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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