

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Use

County of Charleston, S.C.

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Township of

or
Inc. Town of

Registration District No. 9A

Registered No. 2007

City of Charleston, S.C.

(No. Mersey Maternity Hospital St.;
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child. Barrett

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>X</u> <small>To be marked only in case of Twin or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb. 31</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

MOTHER.

(8) FULL NAME William Deaton Barrett

(14) NAME BEFORE MARRIAGE Sara Smith

(9) PRESENT POSTOFFICE OF FATHER 167 Meeting St., Charleston, S.C.

(15) PRESENT POSTOFFICE OF MOTHER 167 Meeting St., Charleston, S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31 (Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Years)

(12) BIRTHPLACE Baltimore Md.

(18) BIRTHPLACE Hatfield Maryland

(13) OCCUPATION Salesman Standard Oil Co.

(19) OCCUPATION wife

(20) Number of children born to me, including present birth 4

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 2:20 p.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P.)

(23) (Signature) W. Deaton Barrett

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

201-35 Pine Bank Rd.

Given name added from a supplemental report

(26) Witness

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

(27) Filed 1/5-73

Registrar

(28) Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. A child breathes even once, it must be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.