

(1) PLACE OF BIRTH

County of Aiken
 Township of Slippery Hollow
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

6298

Registration District No. 212 Registered No. 12
 (For use of Local Registrar)

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

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH May 12, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Foyet Barton
 (9) PRESENT POSTOFFICE OF FATHER Barton House
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 22
 (Years)
 (12) BIRTHPLACE Aiken County
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth {.....}

MOTHER.

(14) NAME BEFORE MARRIAGE May Bell Bush
 (15) PRESENT POSTOFFICE OF MOTHER Barton House
 (16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 21
 (Years)
 (18) BIRTHPLACE Aiken County
 (19) OCCUPATION Homemaker
 (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 Born alive at 1 P.M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mellie Johnson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Barton House, S.C.

Given name added from a supplement-
 tal report

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

(27) Filed 4/10 1922 (28) S. T. Owens
 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.

MADE IN THE CITY OF COLUMBIA, S. C.
 N. 2.—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.