

Form No. 1

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

County of Union

STATE OF SOUTH CAROLINA

79585

Township of Fresh Hope

Bureau of Vital Statistics

State Board of Health

or Inc. Town of

Registration District No. 4203

Registered No. 40 (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 Ellore Barnett } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL (4) Twin or Triplet? (5) Number in order of birth 10 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 28 1916 (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Will Barnett

(14) NAME BEFORE MARRIAGE Ella Rice

(9) PRESENT POSTOFFICE OF FATHER Carlisle

(15) PRESENT POSTOFFICE OF MOTHER Carlisle

(10) COLOR OR RACE Bek (11) AGE AT LAST BIRTHDAY 38 (Years)

(16) COLOR OR RACE Bek (17) AGE AT LAST BIRTHDAY 36 (Years)

(12) BIRTHPLACE S.P.

(18) BIRTHPLACE S.P.

(13) OCCUPATION Farming

(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 10

(21) Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 8 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Martha M. Council (24) State whether Physician or Midwife (25) Address of Physician or Midwife Carlisle, 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 Oct. 2 1916 (28) P. H. Jeter 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.

WHILE MAINLY WITH UN-AGING ANKLES... IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD AND MARK THE FIRST-BORN NO. 1, THE SECOND NO. 2, ETC. IN QUESTION 3.