

Form No. 1

## (1) PLACE OF BIRTH

County of UnionTownship of Fresh Pondor  
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

79585

Registration District No. 4203 Registered No. 40  
(For use of Local Registrar)

City of (No. St.; Ward)

(2) Full Name of Child Ellore Barnett } If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Girl (4) Twin or Triplet? No (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.

(8) FULL NAME Wiel Barnett(9) PRESENT POSTOFFICE OF FATHER Carlisle(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 38 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 10

## MOTHER.

(14) NAME BEFORE MARRIAGE Ella Rice(15) PRESENT POSTOFFICE OF MOTHER Carlisle(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 36 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(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

191....

Registrar

(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 UNFADING INK—THIS IS A SEPARATE BLANK FOR EACH CHILD, AND MARK THE N.B.—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 5.