

## (1) PLACE OF BIRTH

County of Spartanburg  
 Township of Beech Springs  
 or  
 Inc. Town of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Register Only

19135

Registration District No. 107 BRegistered No. 36  
(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 Calvin Hugh Barnett If child is not yet named, make supplemental report as directed

(3) SEX OR SEX	(4) Twin or Triplet To be entered only in event of Twin or Triplet	(5) Number in order of birth	(6) AGE REMARKS	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
				<u>June 8, 1913</u>

## FATHER.

(8) FULL NAME Barnett Barnett  
 (9) PRESENT POSTOFFICE OF FATHER Jucapau, D.C.  
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 24  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION mined work  
 (14) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Marie Jackson  
 (15) PRESENT POSTOFFICE OF MOTHER Jucapau, D.C.  
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 19  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION House wife  
 (20) Number of children of this mother now living, including present birth One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was ... Calvin ... at ... 3 P. M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) S. H. Moore

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife Jucapau, D.C.

Given name added from a supplement-  
 tal report

(25) Witness

(Signature of Witness necessary only  
 when question 23 is signed by mark)(26) Filed July 1, 1913(27) Local Registrar A. B. Moore

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.