

(1) PLACE OF BIRTH

County of York  
Township of Beechspring  
or  
In. Town of.....  
or  
City 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. J. 07. B Registered No. 36  
(For use of Local Registrar)

(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 AGE? (4) Twin or Triplet (5) Number in order of birth (6) ~~Age~~ (7) DATE OF BIRTH (Name of Month) (Day) (Year)  
Male None 1 June 8, 1923

**FATHER.**  
(8) FULL NAME Ransom Barnett  
(9) PRESENT POSTOFFICE OF FATHER Jucapau, S.C.  
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 24 (Year)  
(12) BIRTHPLACE S.C.  
(13) OCCUPATION ind 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, S.C.  
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 19 (Year)  
(18) BIRTHPLACE S.C.  
(19) OCCUPATION House wife  
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) S. B. Moore  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Jucapau, S.C.

Given name added from a supplemental report  
.....  
19  
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed July 19, 1923 (28) A. B. Moore 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.