

## (1) PLACE OF BIRTH

County of RichesterTownship of Summervilleor  
Loc. Town of Summervilleor  
City of Summerville

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Donald Edward Barton

File No.—For State Registrar Only

10911

Registered No. 28  
(For use of Local Registrar)(3) SEX OR GILT Boy (4) Twin or Triplet? No (5) Number in order of birth 5 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 3 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Benjamin Stephen Barton(9) PRESENT POSTOFFICE OF FATHER Summerville(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 61 (Years)(12) BIRTHPLACE Orangeburg (C.)(13) OCCUPATION Farmer(14) Number of children born to father, including present birth Five

## MOTHER.

(14) NAME BEFORE MARRIAGE Betha C. Linchouse(15) PRESENT POSTOFFICE OF MOTHER Summerville R.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 40 (Years)(18) BIRTHPLACE Summerville(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth Five

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(2) I hereby certify that I attended the birth of this child, who was born at 6 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. Julian Carnahan

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

One name added from a supplemental report

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Registrar

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

(27) Filed April 5, 1922 (28) J. L. Barton Local Registrar

Was 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.

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