

## (1) PLACE OF BIRTH

County of Barnwell

Township of .....

or  
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 Register

40434

Registration District No. 229Registered No. 6

(For use of Local Registrar)

(2) Full Name of Child Barbara Caliente Norris

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or triplet? <u>No</u> <small>To be answered only in part of twin or triplet</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>July 23</u> <small>(Name of Month) (Day) (Year)</small>
(8) FULL NAME <u>M. H. Norris</u>		(9) NAME BEFORE MARRIAGE <u>Bernice Elizabeth Miller</u>		
(10) PRESENT POSTOFFICE OF FATHER <u>Spartanburg</u>		(11) PRESENT POSTOFFICE OF MOTHER <u>Spartanburg</u>		
(12) COLOR OR RACE <u>W</u>	(13) AGE AT LAST BIRTHDAY <u>27</u> <small>(Years)</small>	(14) COLOR OR RACE <u>W</u>	(15) AGE AT LAST BIRTHDAY <u>26</u> <small>(Years)</small>	
(16) BIRTHPLACE <u>SC</u>		(17) BIRTHPLACE <u>SC</u>		
(18) OCCUPATION <u>Manufacturer</u>		(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>1</u>		(21) Number of children of this mother now living, including present birth <u>1</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) M. L. Fawell

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

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 Jan 14 1914 (28) O. Smith 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.