

## (1) PLACE OF BIRTH

County of UnionTownship of Union

Inc. Town of

City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

8773

Registration District No. 4207 Registered No. 19  
(For use of Local Registrar)(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 Paul Rother Barnett If child is not yet named, make supplemental report as directed(3) SEX Boy (4) Twin or triplet? No (5) Number in order of birth  
To be answered only in case of twins or triplets(6) Are Parents Married? Yes(7) DATE Feb. 14 1923  
BIRTH (Name of Month) (Day) (Year)

## FATHER.

(1) NAME H. S. Barnett(2) PRESENT POSTOFFICE OF FATHER Union S.C.(3) COLOR White (4) AGE AT LAST BIRTHDAY 49 (Years)(5) BIRTHPLACE Union S.C.(6) OCCUPATION farmer(7) Number of children born to mother, including present birth Seven

## MOTHER.

(1) NAME BEFORE MARRIAGE Virginia Davis(2) PRESENT POSTOFFICE OF MOTHER Union S.C.(3) COLOR White (4) AGE AT LAST BIRTHDAY 38 (Years)(5) BIRTHPLACE Union S.C.(6) OCCUPATION Housewife(7) Number of children of this mother now living, including present birth Seven

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(1) I hereby certify that I attended the birth of this child, who was born alive at Union S.C. on the date above stated. (Hour A. M. or P. M.)(2) (Signature) H. S. Barnett (3) State whether Physician or Midwife Physician (4) Address of Physician or Midwife Union S.C.

When name added from a supplemental report

(5) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(6) Filed 4-10-23 (7) H. S. Barnett Local Registrar

When there is no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes at all, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.