

9/4/43 W 504 ack
MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.
(See instructions on Back of Certificate.)

1. PLACE OF BIRTH County of..... Aiken Township of..... Millbrook or Inc. Town of..... Aiken P. F. D. City of..... (If birth occurs in a hospital or other institution, give name of same instead of street and number)		Standard Certificate of Birth STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health Registration District No. 207		FILE No.—For State Registrar Only 16 092884	
2. FULL NAME OF CHILD..... Braddie Barton (If child is not yet named, make supplemental report as directed)		3. Boy or Girl Boy		4. Twins, triplets or other.....	
9. Full name Austin Barton		5. Number, in order of birth.....		6. Premature.....	
10. Residence (mailing address) R. 1, Aiken, S.C. (If non-resident, give place and State)		11. Color or race..... Negro		7. Are Parents Married?..... Yes	
13. Birthplace (city or place) Aiken Co., S.C. (State or country)		12. Age at child's birth..... 42 (years)		8. Date of birth..... Dec. 12 1916 (Month, day, year)	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, hookkeeper, etc..... Farmer		15. Industry or business in which work done, as silk mill, sawmill, bank, etc.....		18. Name before marriage MOTHER Essie Jones	
16. Date (month and year) last engaged in this work.....		17. Total time (years) spent in this work.....		19. Residence (mailing address) R. 1, Aiken, S.C. (If non-resident, give place and State)	
19.....		20. Color or race..... Negro		21. Age at child's birth..... 32 (years)	
27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living..... 5		22. Birthplace (city or place) Aiken Co., S.C. (State or country)		23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc..... Housewife	
28. If stillborn, period of gestation..... months weeks		29. Cause of stillbirth.....		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.....	
				25. Date (month and year) last engaged in this work.....	
				26. Total time (years) spent in this work.....	
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				100. Total time (years) spent in this work.....	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at..... **9:00 P.**.....m. on the date above stated.

{ When there was no attending physician or midwife, then the father, householder etc., should make this return.

Given name added from.....
a supplementary report..... (Date of).....

(Signed)..... **Essie Barton**....., Parent

or....., Guardian

Address..... **P.O. Box 69, Aiken, S.C.**.....

Filed..... **Sept. 14**....., 19**43**..... **L. A. Riser, M.D.**.....
Registrar. **g**

Registrar.