

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		Standard Certificate of Birth		FILE No.—For State Registrar Only	
County of <u>Aiken</u>		STATE OF SOUTH CAROLINA		16 092884	
Township of <u>Millbrook</u>		Bureau of Vital Statistics			
or <u>Aiken R.F.D.</u>		State Board of Health			
Inc. Town of <u>Aiken R.F.D.</u>		Registration District No. <u>207</u>			
City of <u>Braddie Barton</u>		(No. <u>207</u> St. <u>Ward</u>)			
2. FULL NAME OF CHILD		{ If child is not yet named, make supplemental report as directed.			
3. Boy or Girl <u>Boy</u>		4. Twins, triplets or other.....		8. Date of birth <u>Dec. 12 1916</u>	
If Plural births.....		5. Number, in order of birth.....		19.....	
9. Full name <u>Austin Barton</u>		6. Premature.....		7. Are Parents <u>Yes</u>	
FATHER <u>Austin Barton</u>		Full term.....		Married? <u>Yes</u>	
10. Residence (mailing address) <u>R. 1, Aiken, S.C.</u>		18. Name before marriage <u>MOTHER</u>		19. Residence (mailing address) <u>R. 1, Aiken, S.C.</u>	
(If non-resident, give place and State).....		<u>Essie Jones</u>		(If non-resident, give place and State).....	
<u>Negro</u>		20. Color or race.....		21. Age at child's birth.....	
11. Color or race.....		12. Age at child's birth.....		(years) <u>32</u>	
13. Birthplace (city or place) <u>Aiken Co., S.C.</u>		22. Birthplace (city or place) <u>Aiken Co., S.C.</u>		(State or country).....	
(State or country).....		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>			
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Housewife</u>			
15. Industry or business in which work done, as silk mill, sawmill, bank, etc. <u>Farmer</u>		25. Date (month and year) last engaged in this work.....		26. Total time (years) spent in this work.....	
16. Date (month and year) last engaged in this work.....		17. Total time (years) spent in this work.....			
19.....		27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living.....		(b) Born alive but now dead.....	
28. If stillborn, period of gestation.....		29. Cause of stillbirth.....		(c) Stillborn.....	
months.....				Before labor.....	
weeks.....				During labor.....	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
I hereby certify to the birth of this child, who was born at <u>9:00 P.</u> 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 <u>Essie Barton</u> , Parent					
(Date of).....					
Address <u>P.O. Box 69, Aiken, S.C.</u>					
Filed <u>Sept. 14</u> , 1943 <u>L. A. Riser, M.D.</u>					
Registrar. <u>E</u>					