

(1) PLACE OF BIRTH

County of GreenvilleTownship of Fairview

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2206

File No.—For State Registrar Only

18793Registered No.
(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

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

(3) BOY OR GIRL girl(4) Twin or Triplet? ✓(5) Number in order of birth 1(6) Are Parents Married? yes(7) DATE OF BIRTH June 10, 22BIRTH 19.....
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Clarence Deritt Barton(9) PRESENT POSTOFFICE OF FATHER Fontaine Inn, S.C.(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 27

(Year)

(12) BIRTHPLACE S.C.(13) OCCUPATION Farm.(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Rosa Ella Robertson(15) PRESENT POSTOFFICE OF MOTHER Fontaine Inn, S.C.(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 17

(Year)

(18) BIRTHPLACE S.C.(19) OCCUPATION House.(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 8 a.m. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. A. Thompson(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Fontaine Inn, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

19

(28)

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.