

Duplicate of November report

Form No. 1

(1) PLACE OF BIRTH

County of *Amesbury*
Township of *Andover*
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

43318

Registration District No. Registered No.
(For use of Local Registrar)

City of (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 *Dwight Franklin Barriman* *Child is not yet named, make supplemental report as directed*

(3) BOY OR GIRL *Boy* (4) Twin or Triplet *No* (5) Further to order of birth *No* (6) Are Parents Married *Yes* (7) DATE OF BIRTH *Sept 17, 23*
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME *J. E. Barriman*
(9) PRESENT POSTOFFICE OF FATHER *Tow SC*
(10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *46*
(Year)
(12) BIRTHPLACE *SC*
(13) OCCUPATION *Farmer*

MOTHER.
(14) NAME BEFORE MARRIAGE *Ellen Wright*
(15) PRESENT POSTOFFICE OF MOTHER *Tow SC*
(16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *38*
(Year)
(18) BIRTHPLACE *SC*
(19) OCCUPATION

(20) Number of children born to mother, including present birth *8* (21) Number of children of this mother now living, including present birth *8*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *white* at M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *J. D. Porter* (24) State whether Physician or Midwife (25) Address of Physician or Midwife *Physician Andrews SC*

(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) *J. H. Conlin* 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.

MASSACHUSETTS BUREAU OF VITAL STATISTICS
WITH PLAINLY WRITTEN NAMES AND DATES IN A PERMANENT RECORD
IN THE CASE OF TWIN OR TRIPLETS AND SEPARATE PLACES FROM EACH OTHER, AND MARK THE
FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 2.
BUREAU OF VITAL STATISTICS, BOSTON, MASS.