

Form No. 1

## (1) PLACE OF BIRTH

County of AndersonTownship of WilliamstonInc. Town of Reger

City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 38No. 38461 - For State Registrar OnlyRegistered No. 167  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child William Roy Barnett3) BOY OR GIRL Boy

4) Twin or Triplet

Number in order of birth 35) Any Previous Births yes6) DATE OF BIRTH Dec 8, 1923  
(Name of Month) (Day) (Year)

## FATHER.

7) FULL NAME J. H. Duncanson8) PRESENT POSTOFFICE OF FATHER Pager St10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 30  
(Year)12) BIRTHPLACE Ga13) OCCUPATION mill worker20) Number of children born to mother, including present birth 13

## MOTHER.

(14) NAME BEFORE MARRIAGE Lila Barnett(15) PRESENT POSTOFFICE OF MOTHER Pager St(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 31  
(Year)(18) BIRTHPLACE Williamston - Ga(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 13

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn. (Hour A. M. or P. M.)(23) (Signature) H. H. Duncanson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Pager St

(When name added from a supplemental report)

(26) Witness

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

(27) Filed Jan 2, 1924

(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.