

1. PLACE OF BIRTH

County of James Island

Township of _____

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

6899-A

Registration District No. _____

Registered 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 John Edward Barts{ If child is not yet named, make
supplemental report as directed.3. BOY OR
GIRL4. Twin or
Triplet?5. Number in order
of birth6. Are
Parents
Married? Yes7. DATE OF BIRTH
March 8th 1922

To be answered only in event of Twins or Triplets

(Name of Month) (Day) (Year)

FATHER

8. FULL NAME Charles Alfred Barts9. PRESENT POSTOFFICE 305 W. 150 St. New York
OF FATHER10. COLOR
OR
RACE Negro11. AGE AT LAST
BIRTHDAY 26
(Years)

12. BIRTHPLACE

St. Thomas, Virgin Island.

13. OCCUPATION

Fireman20. Number of children born to
mother, including present birth { One

MOTHER

14. NAME BEFORE MARRIAGE Wilhelmina Webb15. PRESENT POSTOFFICE 305 W. 150 St. New York
OF MOTHER16. COLOR
OR
RACE Negro17. AGE AT LAST
BIRTHDAY 23
(Years)

18. BIRTHPLACE

James Island. South Carolina.

19. OCCUPATION

Maid21. Number of children of this mother
now living, including present birth { One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

22. I hereby certify that I attended the birth of this child, who was Born Alive at 9 A.M.
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)23. Signature Isabel Seale24. State whether Physician or Midwife (Midwife) 25. Address of Physician or Midwife
Box 240 Summerville, 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

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Registrar

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