

2/24/43

U. S. Dept. of Commerce  
Bureau of the Census

22 049324

## 1. PLACE OF BIRTH

County of.....

Township of.....

or  
Inc. Town of.....or  
City of Pickens

## Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 37-aRegistered No. ....  
(For use of Local Registrar)

FILE No.—For State Registrar Only

01143

(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

Samuel Randolph Barrett

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

3. Boy or

If Plural  
Births

4. Twin, triplet or other.....

6. Premature.....

7. Are Parents

8. Date of

birth January 12, 1943  
(Month, day, year)9. Full  
name

FATHER

Clarence B. Barrett18. Name before  
marriage

MOTHER

Lola McCreary

10. Residence (mailing address)

(If non-resident, give place and State)

Pickens, S.C.

19. Residence (mailing address)

(If non-resident, give place and State)

Pickens, S.C.11. Color or race White12. Age at child's birth 27 (years)20. Color or race White21. Age at child's birth 25 (years)

13. Birthplace (city or place)

(State or country)

Pickens, South Carolina

22. Birthplace (city or place)

(State or country)

Pickens, South Carolina

OCCUPATION

14. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.Minister15. Industry or business in which  
work done, as silk mill,  
sawmill, bank, etc.16. Date (month and year) last  
engaged in this work17. Total time (years)  
spent in this work

19.....

OCCUPATION

23. Trade, profession, or particular  
kind of work done, as house-  
keeper, typist, nurse, clerk, etc.House keeper24. Industry or business in which  
work was done, as own home,  
lawyer's office, silk mill, etc.25. Date (month and year) last  
engaged in this work26. 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..... (c) Stillborn.....

28. If stillborn,  
period of gestation.....months  
weeks

29. Cause of stillbirth.....

Before labor.....

During labor.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at.....m. on the date above  
(Born alive or stillborn){ When there was no attending physician  
or midwife, then the father, householder,  
etc., should make this return.

Given name added from

a supplementary report.....

(Date of)

(Signed) Rev. C. B. McCreary

or.....

Address 111 PickensFiled March 6, 1943 M. B. Woodward M.D.

Registrar.

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.)