

2/24/43

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

22 049324

1. PLACE OF BIRTH

Pickens Standard Certificate of Birth

FILE No.—For State Registrar Only

County of.....

STATE OF SOUTH CAROLINA

01143

Township of.....

Bureau of Vital Statistics
State Board of Health

or
Inc. Town of.....

Registration District No. *37-A*

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

or
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

Samuel Randolph Barrett

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

3. Boy or *Boy* or If Plural Births 4. Twin, triplet or other..... 5. Number, in order of birth..... 6. Premature..... Full term..... 7. Are Parents Married? *yes* 8. Date of birth *January 12, 1943* (Month, day, year)

9. Full name *Clarence B. Barrett* FATHER

18. Name before marriage *Lula Mc Coy* MOTHER

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 *White* 12. Age at child's birth *27* (years)

20. Color or race *White* 21. Age at child's birth *25* (years)

13. Birthplace (city or place) (State or country) *Pelzer, South Carolina*

22. Birthplace (city or place) (State or country) *Pelzer, South Carolina*

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Minister*

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. *House keeper*

15. Industry or business in which work done, as silk mill, sawmill, bank, etc.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work 19.....

25. Date (month and year) last engaged 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.....1..... (b) Born alive but now dead.....2..... (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.

(Signed) *Rev. C. B. ...*

Given name added from a supplementary report..... (Date of)

Address *Pelzer*

Filed *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.)