

(1) PLACE OF BIRTH

County of YorkTownship of York

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 Reg.

38119

Registration District No. 4405Registered No. 126

(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 F. E. Barnett If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married Yes

(7) DATE OF BIRTH

Nov-9-23
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Henry Barnett(9) PRESENT POSTOFFICE OF FATHER York # 3(10) COLOR OR RACE negro(11) AGE AT LAST BIRTHDAY 45
(Year)(12) BIRTHPLACE York S.(13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Sarah Phillips(15) PRESENT POSTOFFICE OF MOTHER York # 2(16) COLOR OR RACE negro(17) AGE AT LAST BIRTHDAY 46
(Year)(18) BIRTHPLACE York Co.(19) OCCUPATION Domestic(20) Number of children born to mother, including present birth 15(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. (Name of child) (Sex) (Date)(23) (Signature) Cynthia Phillips(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife York # 7

(Given name added from a supplemental report)

(26) Witness Marie Perrow

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

(27) Filed Nov. 12-23(28) Marie Perrow

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.