

(1) PLACE OF BIRTH

County of CherokeeTownship of Waynesvilleor
Inc. Town of WaynesvilleCity of Waynesville

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA,

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only
17320(2) Full Name of Child Herman B. Barrett } If child is not yet named, make supplemental report as directed.(3) BOY OR GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH June 11 19122
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Tom Barrett(9) PRESENT POSTOFFICE OF FATHER Cashum hays s.e.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 23 (Years)(12) BIRTHPLACE Ga(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Waney Strickland(15) PRESENT POSTOFFICE OF MOTHER Cashum hays s.e.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 21 (Years)(18) BIRTHPLACE Ga(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 11 PM on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. H. Hays(24) State whether Physician or Midwife (25) Address of Physician or Midwife Cashum hays s.e.

Given name added from a supplemental report

191...

Registrar

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

(27) Filed July 9 19122 (28) H. B. Hays 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.