

FORM NO. 2  
MARGIN RESERVED FOR BINDING.  
WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the  
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
N. McCaw, of Columbia.

(1) PLACE OF BIRTH  
County of Spartanburg  
Township of .....

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
91727

or  
Inc. Town of ..... Registration District No. 40-A Registered No. 473  
or  
City of Spartanburg (No. 333.5 Church 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 Hamilton Barrett Jr. } 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 2 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 18, 1886  
To be answered only in case of twins or triplets (Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME John Hamilton Barrett  
(9) PRESENT POSTOFFICE OF FATHER Spartanburg SC  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32  
(12) BIRTHPLACE Chichester, England  
(13) OCCUPATION Express Agent  
(20) Number of children born to mother, including present birth 2

**MOTHER.**

(14) NAME BEFORE MARRIAGE Helen Hookaday  
(15) PRESENT POSTOFFICE OF MOTHER Spartanburg SC  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26  
(18) BIRTHPLACE Charleston SC  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth 2

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born at 4:18 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. H. Allen

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Spartanburg, 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 Jan. 1, 1917 (28) Jas. Poppen 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.

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