

## (1) PLACE OF BIRTH

County of .....

Township of .....

or

Inc. Town of .....

or

City of Jamestown

(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

No. 1a.—For State Registrar Only

40185

Registration District No. 20-A Registered No. 395

(For use of Local Registrar)

(2) Full Name of Child Harriet Barnett

(If child is not yet named, make supplemental report as directed)

3) BOY OR GIRL?

Girl

4) Type or brand of birth record

5) Number in order of birth 46) Sex of mother yo

7) DATE OF BIRTH

Dec 9, 1923

## FATHER.

8) FULL NAME

Wm. Arthur Barnett

9) PRESENT POSTOFFICE OF FATHER

Jamestown

10) COLOR OR RACE

W

11) AGE AT LAST BIRTHDAY

22

12) BIRTHPLACE

Orangeburg Co.

13) OCCUPATION

R.R. Employee

20) Number of children born to mother, including present birth

4

## MOTHER.

14) NAME BEFORE MARRIAGE

Chas. Bell Bolan

15) PRESENT POSTOFFICE OF MOTHER

Jamestown

16) COLOR OR RACE

W.

17) AGE AT LAST BIRTHDAY

23

18) BIRTHPLACE

Orangeburg Co.

19) OCCUPATION

H.W.

21) Number of children of this mother now living, including present birth

4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ...

born alive ... at 4:20 P.M.

on the date above stated.

(Survived or stillborn) (Hour A.M. or P.M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Give name added from a supplemental report

J. J. ...

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Date Dec. 11, 1923 (28) P. H. Pysham, M.D.

When there was no attending physician or midwife, then the father, grandfather, etc., should make this report. If a child is born dead, this report is required as soon as possible. The report is desired of stillbirths within the last month of pregnancy.