

Form No. 1

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

File No.—For State Registrar Only  
**70980**

(1) PLACE OF BIRTH

County of

Abbeville

Township of

or

Inc. Town of

or

City of

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

Registration District No. 1-a

Registered No. 79

(For use of Local Registrar)

St.; 1st Ward

(2) Full Name of Child

Julia Frances Barnwell

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

(3) BOY OR GIRL

Girl

(4) Twin or Triplet?

X

(5) Number in order of birth

X

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Aug. 22, 1916

(Name of Month) (Day) (Year)

FATHER—M. Caslon

MOTHER.

(8) FULL NAME

William M. Caslon Barnwell

(14) NAME BEFORE MARRIAGE

Julia Frances

(9) PRESENT POSTOFFICE OF FATHER

Abbeville, S.C.

(15) PRESENT POSTOFFICE OF MOTHER

Abbeville, S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

39

(Years)

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

33

(Years)

(12) BIRTHPLACE

Abbeville, S.C.

(18) BIRTHPLACE

Frederick, Md.

(13) OCCUPATION

Telephone Mgr.

(19) OCCUPATION

Housewife

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

2

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

1

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

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 11 a. m. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature)

L. J. Hill, M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Abbeville, 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 Sep. 1st, 1916

(28) J. G. Perrin

Local Registrar

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.

BEN F. WYMAN, M.D.  
 STATE HEALTH OFFICER



R. W. HANCKEL, M.D. - CHARLESTON  
 W. L. PRESSLEY, M.D. - DUE WEST

ALFRED P. PLATT, PH.G. - CONWAY  
 RUTH CHAMBERLIN, R.N. - CHARLESTON  
 T. C. CALLISON, ATTY. GEN. - COLUMBIA  
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