

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of Lancaster STATE OF SOUTH CAROLINA.  
Township of Plant Bureau of Vital Statistics  
or State Board of Health

File No. — For State Registrar Only  
13422

Inc. Town of ..... Registration District No. 2806 Registered No. 134  
(For use of Local Registrar)  
City of ..... (No. .... 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 Edna Dixon Barrett Child is not yet named, make supplemental report as directed

(3) <del>SEX OF GIRL?</del>	(4) Twin or Triplet? <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH <u>12 23 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.		MOTHER.		
(8) FULL NAME <u>Albert Barrett</u>		(14) NAME BEFORE MARRIAGE <u>Levanti</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Home Springs R2</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Home Springs R2</u>		
(10) COLOR OR RACE <u>White</u> (11) AGE AT LAST BIRTHDAY <u>45</u> <small>(Years)</small>		(16) COLOR OR RACE <u>White</u> (17) AGE AT LAST BIRTHDAY <u>35</u> <small>(Years)</small>		
(12) BIRTHPLACE <u>Lancaster county</u>		(18) BIRTHPLACE <u>Lancaster county</u>		
(13) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>Home duties</u>		
20) Number of children born to mother, including present birth <u>5</u>		21) Number of children of this mother now living, including present birth <u>none</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 4 A.M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)  
(23) (Signature) J. A. Barrett M.D.  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Home Springs

Given name added from a supplemental report  
Apr 3 1916  
E. W. Milled Registrar  
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed 4-2-23 1916 (28) E. T. Milled 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.

REGISTRAR  
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Form No. 10. MARRIAGE REGISTERED FOR PURPOSES OF RECORDING. WHERE PLACED, WITH CELEBRATING OFFICER, THIS IS A POSITIVE RECORD. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, N. B. TO THE OTHER, N. B. 2, etc., in question 2. MARRIAGE OF COURSE