

WRITE PLAINLY, WITH 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 3.
 McCaw, of Columbia

1) PLACE OF BIRTH
 County of Pickens
 Township of _____
 or
 Inc. Town of Pickens
 or
 City of _____

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

File No.—For State Registrar Only
65954

Registration District No. 3706 Registered No. 74
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. _____ St.; _____ Ward)

2) Full Name of Child J. L. Barrett If child is not yet named, make supplemental report as directed

| | | | | |
|---|--|-----------------------------------|--|--|
| 3) BOY OR GIRL? <u>Boy</u> | 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? <u>Yes</u> | 7) DATE OF BIRTH <u>June 12</u> 19 <u>16</u> <small>(Month of Month) (Day) (Year)</small> |
| FATHER. | | | MOTHER. | |
| 8) FULL NAME <u>A. F. Barrett</u> | | | 14) NAME BEFORE MARRIAGE <u>Tina Galloway</u> | |
| 9) PRESENT POSTOFFICE OF FATHER <u>Pickens, S.C.</u> | | | 15) PRESENT POSTOFFICE OF MOTHER <u>Pickens, S.C.</u> | |
| 10) COLOR OR RACE <u>White</u> | 11) AGE AT LAST BIRTHDAY <u>28</u> (Years) | 16) COLOR OR RACE <u>White</u> | 17) AGE AT LAST BIRTHDAY <u>31</u> (Years) | |
| 12) BIRTHPLACE <u>Pickens Co.</u> | | | 18) BIRTHPLACE <u>Pennsylvania Co., N.C.</u> | |
| 13) OCCUPATION <u>Work in Cotton Mill</u> | | | 19) OCCUPATION <u>Housewife</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>4</u> | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born Alive at 11:40 0 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. S. Talley, M.D., Pickens, S.C.
 (24) State where Physician or Midwife (25) Address of Physician or Midwife

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 June 20 1916 (28) B. S. Johnson 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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