

Form No 1.

## (1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

County of 2. ~~Orange~~ Barnes

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

Township of 2. ~~Hale~~ Hale

State Board of Health

Inc. Town of .....

Registration District No. 4301Registered No. 228

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 Barnett Isaac

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

(3) BOY OR GIRL? Girl(4) Twin or Triplet? -(5) Number in order of birth -(6) Are Parents Married? Yes(7) DATE OF BIRTH June 21

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME James B. Grant(9) PRESENT POSTOFFICE OF FATHER Greenville, S.C.(10) COLOR OF RACE Black (11) AGE AT LAST BIRTHDAY 37 (Years)(12) BIRTHPLACE English Land, P.C.(13) OCCUPATION School(14) Number of children born to mother, including present birth Three

## MOTHER.

(14) NAME BEFORE MARRIAGE Charlotte Baker(15) PRESENT POSTOFFICE OF MOTHER Greenville, S.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 31 (Years)(18) BIRTHPLACE Greenville, S.C.(19) OCCUPATION Housework(20) Number of children of this mother now living, including present birth Three

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 5 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. J. S. Taylor

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

MidwifeGreenville, 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 June 25, 1914 (28) E. O. Taylor, M.D. 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.

MARKED RESERVED FOR BINDING. WHITE 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.