

1. COUNTY OF NEWBERRY

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

File No. — For State Registrar Only

470

Township of H. 7

Inc. Town of Registration District No. 3410 Registered No. 9
(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 Jacob L. Barnes If child is not yet named, make supplemental report as directed

1) BOY OR GIRL? Boy (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 6 1923
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Walter Bully Barnes

(9) PRESENT POSTOFFICE OF FATHER Profferty S.C. 178

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24 (Years)

(12) BIRTHPLACE Newberry Co. S.C.

(13) OCCUPATION Farmer

Number of children born to father, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Model Elizabeth Cooper

(15) PRESENT POSTOFFICE OF MOTHER Profferty S.C. 178

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 16 (Years)

(18) BIRTHPLACE Newberry Co. S.C.

(19) OCCUPATION Housewife

(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 at 2 a. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. Simpson (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Profferty 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 Feb 10 1923 (28) W. H. Gibson Local Registrar

If 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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