

(1) PLACE OF BIRTH

County of Pickens

Township of

or Inc. Town of

or City of Pickens

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

(2) Full Name of Child

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 23, 22
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Arnon H. Barrett(9) PRESENT POSTOFFICE OF FATHER Pickens S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34
(Age)(12) BIRTHPLACE Pickens Co(13) OCCUPATION Textile Operative(20) Number of children born to mother, including present birth 7MOTHER.
(14) NAME BEFORE MARRIAGE Tiny Galloway(15) PRESENT POSTOFFICE OF MOTHER Pickens S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 37
(Age)(18) BIRTHPLACE Jackson Co., N.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 P.M. on the date above stated. (Born alive or stillborn) (Hour, A.M. or P.M.)(23) (Signature) L. Valley(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Pickens 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 19 (28) A. B. Foster 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.