

PLACE OF BIRTH

County of Greenville
Township of Highland

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

28634

City of

Registration District No. 2211Registered No. 45-

(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.)

Full Name of Child

Barnette

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

Boy or Girl

Girl

(4) Twin or triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

July 13, 23
(Name of Month) (Day) (Year)

FATHER.

Full Name

W. L. Barnette

PRESENT POSTOFFICE OF FATHER

Greenville S.C. #2

Color or Race

White

(11) AGE AT LAST BIRTHDAY

21
(Years)

BIRTHPLACE

S.C.

OCCUPATION

Farmer

(14) NAME BEFORE MARRIAGE

MOTHER.

Ellen Stokes

(15) PRESENT POSTOFFICE OF MOTHER

Greenville S.C. #2

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

18
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

Number of children born to mother, including present birth

1

(21) Number of children of this mother now living, including present birth

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive as 1-5 P.M. (Hour A. M. or P. M.) on the date above stated.

(22) (Signature)

W. L. Barnette

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician Campbellville S.C.

Has name added from a supplemental report

101

Registrar

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Date Sept. 23, 1923(28) W. L. Barnette
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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