

(1) PLACE OF BIRTH

County of Beaufort
Township of Beaufortor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 6037No. 16 - For State Registrar Only

2960

Registered No. 16
(For use of Local Registrar)(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 David Barclay If child is not yet named, make supplemental report as directed(3) SEX OF CHILD Boy (4) 1 (5) Number in order of birth (6) Are Parents Married Yes (7) DATE OF BIRTH Feb 16 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME David Barclay(9) PRESENT POSTOFFICE OF FATHER Yemassee(10) COLOR OR RACE W. pr (11) AGE AT LAST BIRTHDAY 23 (Year)(12) BIRTHPLACE Beaufort S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Ester Grant(15) PRESENT POSTOFFICE OF MOTHER Yemassee(16) COLOR OR RACE W. pr (17) AGE AT LAST BIRTHDAY 21 (Year)(18) BIRTHPLACE Beaufort(19) OCCUPATION House wife(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 10 P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) James Green (23) Address of Physician or Midwife

Given name added from a supplemental report

(24) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(25) Filed (26) (27) Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make report. If a child breathes even once, it must not be reported as stillborn. No report is needed of child born before the fifth month of pregnancy.