

## (1) PLACE OF BIRTH

County of FlorenceTownship of Laure

or

Inc. Town of .....

or

City of .....

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2007

File No.—For State Registrar Only

42393

Registered No. 163  
(For use of Local Registrar)

St.; ..... Ward)

## (2) Full Name of Child

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>1</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 31, 22</u> (Name of Month) (Day) (Year)
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## FATHER.

## MOTHER.

(8) FULL NAME Herring Barfield(14) NAME BEFORE MARRIAGE Miss M Parratt(9) PRESENT POSTOFFICE OF FATHER Laure City SC(15) PRESENT POSTOFFICE OF MOTHER Laure City SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30  
(Years)(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25  
(Years)(12) BIRTHPLACE SC(18) BIRTHPLACE SC(13) OCCUPATION Farm(19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 4(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 11:45 PM on the date above stated.  
(Born Alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) H. B. Courtney(24) State where Physician or Midwife SC (25) Address of Physician or Midwife Laure City SC

Given name added from a supplemental report

(26) Witness .....

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

(27) Filed 1/12/23 (28) H. B. Courtney  
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.