

11-13-44

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)

U. S. Dept. of Commerce
Bureau of the Census

22 049269

1. PLACE OF BIRTH

County of Orangeburg
Township of _____
or
Inc. Town of Norway
or
City of _____

Standard Certificate of Birth

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health
Registration District No. 3617

FILE No.—For State Registrar Only
00795

Registered No. _____
(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

Vance Alex Barrs

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

3. Boy or Girl Boy 4. Twins, triplets or other..... 5. Number, in order of birth.....
6. Premature No 7. Are Parents Married 8. Date of birth Dec. 2, 1922
Full term Yes (Month, day, year)

9. Full name FATHER William Robert Barrs

18. Name before marriage MOTHER Jenette Hutto

10. Residence (mailing address) Norway
(If non-resident, give place and State)

19. Residence (mailing address) Norway
(If non-resident, give place and State)

11. Color or race white 12. Age at child's birth 3.6 (years)

20. Color or race white 21. Age at child's birth 1.8 (years)

13. Birthplace (city or place) Norway S.C.
(State or country)

22. Birthplace (city or place) Norway S.C.
(State or country)

14. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housekeeper

15. Industry or business in which work done, as silk mill, sawmill, bank, etc. _____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work 11-15, 1924

25. Date (month and year) last engaged in this work All Life

17. Total time (years) spent in this work all life

27. Number of children of this mother 3
(At time of birth and including this child) (a) Born alive and now living dead (b) Born alive but now dead..... (c) Stillborn N.D.

28. If stillborn, period of gestation..... { months weeks } 29. Cause of stillbirth { Before labor During labor }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at 8 o'clock m. on the date above stated.

{ When there was no attending physician or midwife, then the father, householder etc., should make this return.

Given name added from a supplementary report _____
(Date of) _____

Registrar.

(Signed) William R. Barrs Parent
or _____ Guardian
Address Sally S.C.
Filed 11/20, 19 44 L. A. Riser, M.D.
Registrar. vtg