

11-13-44

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

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 Yes 8. Date of birth Dec. 2, 1944
Full term No. Married Yes (Month, day, year)

9. Full name William Robert Barrs FATHER

18. Name before marriage Janette Hutto MOTHER

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

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(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 1944

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

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

26. 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

MARGIN RESERVED FOR BINDING

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