

(1) PLACE OF BIRTH

County of Wm.burgTownship of King

Inc. Town of

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

File No. 37848 State Registrar OnlyRegistration District No. 4.302 Registered No. 71

(For use of Local Registrar)

(2) Full Name of Child William Alvin Barr

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

(3) BOY OR GIRL <u>boy</u>	(4) Twin or Triplet To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Nov. 26</u> 19 <u>23</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Benjamin F. Barr(9) PRESENT POSTOFFICE OF FATHER Kingstree S.C.(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 29 (Years)(12) BIRTHPLACE Georgetown Co. S.C.(13) OCCUPATION Carpenter(14) Number of children born to mother, including present birth 1 2

MOTHER.

(14) NAME BEFORE MARRIAGE Viola Pendergrass(15) PRESENT POSTOFFICE OF MOTHER Kingstree(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE Wm.burg Co. S.C.(19) OCCUPATION Housekeeper(20) Number of children of this mother now living, including present birth 1 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Male at 10 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Trachex Harrison(23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife Kingstree S.C.

Given name added from a supplemental report

(25) Witness F.A. Jackson (Signature of Witness necessary only when question 23 is signed by mark)(26) Filed Dec. 3 1923 (27) B. O. Jackson 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.