

Form No. 1

(1) PLACE OF BIRTH

County of Kershaw
 Township of Kershaw
 or
 City of Kershaw

CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health

Registration District No. 2700

No. 14542

Registered No. 29
(For use of Local Registrar)

City of Kershaw (No. 2700 St. 29 Ward 29)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child John Hilliard Jr. If child is not yet named, make supplemental report as directed

(3) SEX Boy (4) Age 1 (5) Date of Birth March 1, 1923
 (6) Month March (7) Day 1 (8) Year 1923

FATHER: (9) NAME John Hilliard Barfield (10) NAME BEFORE MARRIAGE Agnes Williams
 (11) RESIDENT CITY Kershaw (12) RESIDENT COUNTY Kershaw
 (13) COLOR white (14) AGE AT LAST BIRTHDAY 26 (15) COLOR white (16) AGE AT LAST BIRTHDAY 17
 (17) BIRTHPLACE Lancaster County (18) BIRTHPLACE Kershaw County
 (19) OCCUPATION overman of Plant (20) OCCUPATION Housewife
 (21) Number of children born to mother, including present birth one (22) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was Alive (24) (Signatures) Patey Simmons (25) Address of Physician or Midwife Kershaw, S.C.
 on the date above stated. (26) State whether Physician or Midwife Midwife

Given name added from a supplemental report John Hilliard Jr.
 (27) Witness E. A. Williams (28) Signature of Witness E. A. Williams
MAY when question 23 is signed 1923
 (29) Filed 1923 (30) Local Registrar John Hilliard Jr.

*When there was no attending physician or midwife, then the father, mother, 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.