

# Standard Certificate of Birth

## STATE OF SOUTH CAROLINA

FILE No.—Per State Registrar Only

1. PLACE OF BIRTH  
County of Florence  
Township of \_\_\_\_\_  
or  
Inc. Town of Timmonsville  
City of \_\_\_\_\_

Bureau of Vital Statistics  
State Board of Health

Registration District No. 2015 Registered No. 58  
(For use of Local Registrar)

2. FULL NAME OF CHILD E. Della Eulalia Barco  
(If birth occurs in a hospital, give name of same instead of street and number)  
(If child is not yet named, make supplemental report as directed.)

3. Boy or Girl Girl 4. Twin, triplet, or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_  
6. Premature \_\_\_\_\_ 7. Are parents married? Yes 8. Date of birth Aug. 11, 1923  
(Month, day, year)

9. Full name Fredrick W. Barco  
10. Residence (usual place of abode)  
(If nonresident, give place and State) Timmonsville, S.C.

11. Full maiden name Cheta Naomi McDonald  
12. Residence (usual place of abode)  
(If non-resident, give place and State) Timmonsville, S.C.

11. Color or race Colored 12. Age at last birthday 35 (Years)  
13. Birthplace (city or place) Timmonsville  
(State or country) S. C.

20. Color or race Colored 21. Age at last birthday 22 (Years)  
22. Birthplace (city or place) Lumberton  
(State or country) S. C.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant & Undertaker  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Barco Bros & Co.  
16. Date (month and year) last engaged in this work About

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper  
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home  
25. Date (month and year) last engaged in this work \_\_\_\_\_  
26. Total time (years) spent in this work \_\_\_\_\_

27. Number of children of this mother (At time of this birth and including this child) / (a) Born alive and now living 2 (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_  
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 that I attended the birth of this child, who was born alive at 11:00 a.m. on the date above stated.  
(Born alive or stillborn)

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

Give name added from a supplemental report J. E. Munn  
Registrar

(Signed) \_\_\_\_\_, M. D.  
or Nancy Zimaron, Midwife  
Address Timmonsville, S.C. Highway 110  
Filed \_\_\_\_\_, 19 \_\_\_\_\_  
Registrar

**PLACE OF BIRTH**

County of TIMMONSVILLE, S. C.

Partnership of WIMMONSVILLE, S. O.

Town of .....

of life, social, legal, or economic  
of the greatest value, not only to  
birth certificates but good business.

- (8) As evidence in the administration of insurance and pensions;
- (9) As evidence to prove the tender of legal age for crime and other matters in the criminal code;
- (10) As evidence in the case of education and to child labor;
- (11) As evidence to determine the age of children in orphanages and wards;
- (12) As proof of citizenship;
- (13) As evidence in the case of right to jury and military service.

each parent. For a woman with  
own home in answer to Question  
the appropriate terms, as house-

work done.  
done.  
the occupation.  
occupation.

al terms as "store," "factory,  
cotton mill, etc.

the full descriptive titles, as civil engineer, when a more precise statement is required, as carpenter, painter, machinist, etc. A person should be called a salesman and

# CERTIFICATE OF BIRTH

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

**Registration District No.**

File No.—For State Registrar Only

24470 L

Registered No. 58

(For use of Local Registrar)

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

BY OR

4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) **Are Parents Married**

(7) DATE OF BIRTH 8-11-23 (Name of Month) (Day) (Year)

FATHER.  
Fred Bocate

AGENT  
OFFICE  
FATHER  
JOB

(11) AGE AT LAST BIRTHDAY 33

## EMPLACEMENT

## OPERATION

number of children born to  
including present birth

(14) NAME BEFORE MARRIAGE

(15) PRESENT  
POSTOFFICE  
OF MOTHER

(16) COLOR OR RACE

**(18) BIRTHPLACE**

**(19) OCCUPATION**

(21) Number of children of this mother  
now living, including present birth

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:**

hereby certify that I attended the birth of this child, who was... *At one*  
on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(Born alive or stillborn) at 1 A. M.  
(Hour A. M. or P. M.)

(23) Address of Physician or Midwife  
TIMMONSVILLE, S. C.

**(26) Witness**

(Signature of Witness necessary only  
when question 33 is signed by mark-2

(27) 5

(29)

was no attending physician or midwife, then the father, householder, etc., should make this return. Local Registrar  
and breathes even once, it must not be reported as stillborn. No report is desired of stillbirths  
before the fifth month of pregnancy.