

Form No. 1

(1) PLACE OF BIRTH

County of MalheurTownship of Bennettsville

or

Inc. Town of

or

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

Registration District No. 3301

File No.—For State Registrar Only

39395Registered No. 161
(For use of Local Registrar)(2) Full Name of Child Lash Allen Barber

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

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|-------------------------------|--|-----------------------------|---------------------------------------|---|
| 3) BOY OR GIRL <u>Girl</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 6 1911</u> (Name of Month) (Day) (Year) |
|-------------------------------|--|-----------------------------|---------------------------------------|---|

FATHER

8) FULL NAME Willie Barber9) PRESENT POSTOFFICE OF FATHER Bennettsville S.C.10) COLOR OR RACE Colored 11) AGE AT LAST BIRTHDAY 25 (Years)12) BIRTHPLACE Malheur Co. S.C.13) OCCUPATION Farming23) Number of children born to mother, including present birth 3

MOTHER

14) NAME BEFORE MARRIAGE Daniel Barber15) PRESENT POSTOFFICE OF MOTHER Bennettsville S.C.16) COLOR OR RACE Colored 17) AGE AT LAST BIRTHDAY 24 (Years)18) BIRTHPLACE Malheur Co. S.C.19) OCCUPATION Housewife21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 8 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Allen Caffery(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Bennettsville S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Date Nov 13 1911 (28) 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.