CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only: 44497

(1) PLACE OF BIRTH

County of Colleton

Township of Fields

or

Inc. Town of .....

or

City of .....

Registration District No. ..... Registered No. 1401
(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 Venus Barley

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

(3) SEX OF CHILD: Girl

(4) Twin or Triplet

(5) Number in order of birth

(6) Are twins identical?

(7) DATE OF BIRTH: Dec 18 1922 (Month) (Day) (Year)

FATHER

(8) FULL NAME: W P Barley

(9) PRESENT POSTOFFICE OF FATHER: Lodge SC

(10) COLOR OR RACE: White

(11) AGE AT LAST BIRTHDAY: 40 (Years)

(12) BIRTHPLACE: SC

(13) OCCUPATION: Logging

(14) Number of children born to mother, including present birth: 10

MOTHER

(15) MAIDEN NAME: Theressa Owen

(16) PRESENT POSTOFFICE OF MOTHER: Lodge SC

(17) COLOR OR RACE: White

(18) AGE AT LAST BIRTHDAY: 39 (Years)

(19) BIRTHPLACE: SC

(20) OCCUPATION: Domestic

(21) Number of children of this mother now living, including present birth: 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive (born alive or stillborn) at 2:30 P.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Rebecca Ackerman

(24) State whether Physician or Midwife: Physician

(25) Address of Physician or Midwife: Walterboro SC

Given name added from a supplemental report

..... 19 .....
Registrar

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

(27) Filed ..... 19 ..... (28) J. M. Croft
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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark in FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Order of Colonial Company, S. C.

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