

PLACE OF BIRTH

**Lexington,
Gilbert Hollow**

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

43534

Registration District No

3107

Registered No. **101**
(For use of Local Registrar)

(No. St.; Ward)

If child is in a hospital or other institution, give name of same instead of street and number.

Name of Child **Jessie Barr,**

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

1. Twin or Triplet? **No.**
To be answered only in event of Twins or Triplets

5. Number in order of birth

(8) Are Parents Married? **No.**

7. DATE OF BIRTH **Dec. 2, 1911**
(Name of Month) (Day) (Year)

FATHER.

Author Barr,

PRESENT RESIDENCE OF FATHER **Leesville, S.C.**

COLOR OR RACE **Negro,** (11) AGE AT LAST BIRTHDAY **22**
(Years)

BIRTHPLACE **S.C.**

13. OCCUPATION

Farming,

2. Number of children born to mother, including present birth **2**

MOTHER.

(14) NAME BEFORE MARRIAGE **Nattie Leapt**

(15) PRESENT POSTOFFICE OF MOTHER **Leesville, S.C.**

(16) COLOR OR RACE **Negro** (17) AGE AT LAST BIRTHDAY **23**
(Years)

(18) BIRTHPLACE **S.C.**

(19) OCCUPATION **House Wife,**

(21) Number of children of this mother now living, including present birth **2**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **Active** **st. 2. 0. M.**
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
Cathern Mosley,

(23) (Signature)

(24) State whether Physician or Midwife **Midwife**

(25) Address of Physician or Midwife **Leesville, S.C.**

Given name added from a supplemental report

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

(27) Filed **19** (28) **R. O. Shaly** 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.

MARGIN RESERVED FOR BINDING

WHITE PLAINLY, WITH LEADING IN—THIS IS A SEPARATE PLATE FOR FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in all cases.

Model of Columbia, Columbia, S.C.