

Form No 1.

1) PLACE OF BIRTH

County of *Edgecombe*Township of *Barclay*or
City of *Barclay*or
City of *Barclay*City of *Barclay*

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

2) Full Name of Child *Not named*

File No. For State Registrar Only

82573

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. *3.1.6.4* Registered No. *3*

(For use of Local Registrar)

3) BOY OR GIRL *Boy*

(4) Twin or triplet?

(5) Number in order of birth *7*(6) Are Parents Married? *Yes*(7) DATE OF BIRTH *Aug 12*19*16*

(Name of Month) (Day) (Year)

4) FULL NAME OF FATHER *Perry Smith*5) PRESENT POSTOFFICE OF FATHER *Barclay St.*6) COLOR OR RACE *White*(11) AGE AT LAST BIRTHDAY *32*

(Years)

(12) BIRTHPLACE *Langston Co. St.*(13) OCCUPATION *Farmer*(14) Number of children born to mother, including present birth *7*(14) NAME BEFORE MARRIAGE *Sally Gilliam*(15) PRESENT POSTOFFICE OF MOTHER *Barclay St.*(16) COLOR OR RACE *White*(17) AGE AT LAST BIRTHDAY *34*

(Years)

(18) BIRTHPLACE *Aiken County*(19) OCCUPATION *House Keeping*(20) Number of children of this mother now living, including present birth *7*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(21) I hereby certify that I attended the birth of this child, who was *alive* at *10:30* on the date above stated. (Born *live* or stillborn) (Hour *A.M.* or *P.M.*)(23) (Signature) *D. Williams*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife *Barclay St.*

Name added from a supplemental report

(26) Witness

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

(27) Filed *Aug 10 1916*

(28)

J. B. Williams

Local Registrar

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