

(1) PLACE OF BIRTH
 County of Fairfield
 Township of H. T.
 or
 Inc. Town of
 or
 City of (No. St.; Ward)
 (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

File No.—For State Registrar Only
46132

Registration District No. 1712 Registered No. 49
 (For use of Local Registrar)

(2) Full Name of Child Johnnie Gilbert ~~Barney~~ If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? No (7) DATE OF BIRTH Jan. 26, 1914
To be answered only in event of twins or triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Gilbert Mc Crow
 (9) PRESENT POSTOFFICE OF FATHER
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 20
(Years)
 (12) BIRTHPLACE Fairfield Co.
 (13) OCCUPATION Farmer
 (14) Number of children born to mother, including present birth 1

MOTHER.
 (14) NAME BEFORE MARRIAGE Mary Belle Bealy
 (15) PRESENT POSTOFFICE OF MOTHER
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 18
(Years)
 (18) BIRTHPLACE Fairfield Co.
 (19) OCCUPATION Farmer
 (20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 3 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary A. Payne
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
 191.....
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Jan 1 1914 (28) C. R. Fox 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.
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