Form No. 1

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
21151

County of Greenville
Township of Austin
or
Inc. Town of .....
or
City of .....

Registration District No. 2200 Registered No. 92
(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 Blanch Barbery — If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? G
(4) Twin or Triplet?
(5) Number in order of birth
To be answered only in event of Twins or Triplets
(6) Are Parents Married? yes
(7) DATE OF BIRTH July 18, 1923 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Henry Barbery	(14) NAME BEFORE MARRIAGE Bessie McElrath
(9) PRESENT POSTOFFICE OF FATHER Simpsonville	(15) PRESENT POSTOFFICE OF MOTHER Simpsonville
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 28 (Years)	(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 28 (Years)
(12) BIRTHPLACE S.C.	(18) BIRTHPLACE S.C.
(13) OCCUPATION Cotton mill work	(19) OCCUPATION Home wife
(20) Number of children born to mother, including present birth 5	(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1 a. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) L. L. Richardson M.D.
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife Simpsonville

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 Aug. 3 1923 (28) L. L. Richardson
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.

FIRST-BORN, No. 1 THE OTHER, No. 2, etc., in question 3.