

Form No. 1

(1) PLACE OF BIRTH

County of H. C. of GeorgetownTownship of St. JohnInc. Town of H. C. of GeorgetownCity of Georgetown

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

17697

Registration District No. 2103 Registered No. 88
(For use of Local Registrar)

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

(2) Full Name of Child Barbara Bree McFarley (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL Male (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age Parents 45 (7) DATE OF BIRTH June 3, 1923
(Day of Month) (Day) (Year)

FATHER.

(8) FULL NAME Beecham Bree McFarley(9) PRESENT POSTOFFICE OF FATHER Georgetown, S. C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Years)(12) BIRTHPLACE Williamsburg, C. of G.(13) OCCUPATION Clerk(14) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE May Ellen Gordon(14) PRESENT POSTOFFICE OF MOTHER Georgetown, S. C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Years)(15) BIRTHPLACE Williamsburg, C. of G.(16) OCCUPATION Domestic(17) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 12 A. M. on the date above stated. (Born alive or stillborn) (Time A. M. or P. M.)(23) (Signature) R. E. McFarley

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Georgetown, 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 June 20, 1923 (28) R. E. McFarley 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.
N. B.—In case of TWIN OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 3.