

(1) PLACE OF BIRTH

County of KingslandTownship of Buffalo

City of

or

(2) Full Name of Child SARAH ERNESTINE BARFIELD

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

139-22-050610

Registration District No. 2700Registered No. 36

(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.)

(3) BOY OR GIRL Girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married Yes

(7) DATE OF BIRTH

Mar 22, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Malter R Barfield

(9) PRESENT POSTOFFICE OF FATHER

Jefferson

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

55
(Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

11

MOTHER.

(14) NAME BEFORE MARRIAGE

Lillian M Lewis

(15) PRESENT POSTOFFICE OF MOTHER

Jefferson

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

46
(Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

House wife

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

11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 11:25 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Jefferson SC

Name added from a supplemental report

AMENDED P.1

MAR 22 1922

Registrar

(26) Witness

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

(27) (Signature)

March 30, 1922

(28)

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. To report as desired of stillbirths before the fifth month of pregnancy.