

(1) PLACE OF BIRTH

County of Hopkirk
Township of Buffalo
City of

CERTIFICATE OF BIRTH

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

139-22-050610

Registration District No. 2100 Registered No. 26
(For use of Local Registrar)

City of (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 SARAH ERNESTINE BARFIELD child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Mar 20, 1978
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Matter 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 Dollie 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) W B Turner MD

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Hurshard SC

Given name added from a supplemental report

AMENDED P.1

MAR 22 1978 19
Registrar

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

(27) Local Registrar March 30, 1978

*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.