

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

46356

(1) PLACE OF BIRTH

County of Lancaster

Township of Yamoussville

or

Inc. Town of Yamoussville

or

City of

Registration District No. Registered No. 5

(For use of Local Registrar)

(No. 36 Landon 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 Murphy Barclay } If child is not yet named, make supplemental report as directed

| | | | | |
|--------------------------------|--|--|-------------------------------------|--|
| (3) BOY OR GIRL <u>Girl</u> | (4) Twin or Triplet? <u>no</u> <small>To be answered only in event of Twins or Triplets</small> | (5) Number in order of birth <u>-</u> | (6) Age Parents Married? <u>yes</u> | (7) DATE OF BIRTH <u>5</u> 19 <u>14</u> <small>(Name of Month) (Day) (Year)</small> |
|--------------------------------|--|--|-------------------------------------|--|

FATHER.

(8) FULL NAME Irley Barclay

(9) PRESENT POSTOFFICE OF FATHER Yamoussville S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 21 (Years)

(12) BIRTHPLACE Yamoussville

(13) OCCUPATION Teacher

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Sallie Manning

(15) PRESENT POSTOFFICE OF MOTHER Yamoussville

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE York

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 11:00 AM. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) [Signature]

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Yamoussville

Given name added from a supplemental report

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

(27) Filed 5 1914 (28) [Signature] Local Registrar.

Registrar | (27) Filed | (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. No report is desired of stillbirths before the fifth month of pregnancy.

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WHIT WAVE BRAND, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia

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