

(1) PLACE OF BIRTH

County of

Township of

or
ac. Town ofor
ity of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics
State Board of Health

Registration District No.

File No. — For State Registrar Only

43506

Registered No. 81
(For use of Local Registrar)

(2) Full Name of Child

(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

one

(5) Number in order of birth

2

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

July 12, 22

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Carroll S. Barfield

(9) PRESENT POSTOFFICE OF FATHER

Lexville S.C. R.F.D. No. 1

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

26

(Years)

(12) BIRTHPLACE

Lexington County

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Janie R. Roof

(15) PRESENT POSTOFFICE OF MOTHER

Lexville S.C. R.F.D. No. 1

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

26

(Years)

(18) BIRTHPLACE

Lexington County

(19) OCCUPATION

House - wife

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

2

(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

Alive at 11 P.M.

(Born alive or stillborn)

(Hour A. M. or P. M.)

on the date above stated.

(23) (Signature)

J. Sidney Black

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Lexville 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

8-10-22

(28)

R. Q. Shealy, Local Registrar

19 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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