

Form No. 1

(1) PLACE OF BIRTH

County of Marlboro
 Township of Red Bluff
 or
 Inc. Town of.....
 or
 City of.....

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

File No.—For State Registrar Only

31337

Registration District No. 3305 Registered No. 117
 (For use of Local Registrar)

(2) Full Name of Child Barley Lu Prevatt (No. St.; Ward)
 (If birth occurs in a hospital or other institution give name of same instead of street and number.)

1) Sex of Child Girl 4) Twin or Triplet? No 5) Number in order of birth 1 6) Are Parents Married? Yes 7) DATE OF BIRTH Sept 18 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER
 8) FULL NAME Alvi Prevatt
 9) PRESENT POSTOFFICE OF FATHER McClellan
 10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 30
 12) BIRTHPLACE Marlboro Co S.C.
 13) OCCUPATION Cotton Mill Work
 20) Number of children born to mother, including present birth 2

MOTHER
 14) NAME BEFORE MARRIAGE Harriet Williams
 15) PRESENT POSTOFFICE OF MOTHER McClellan
 16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 34
 18) BIRTHPLACE Marlboro Co S.C.
 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 alive at 2 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mrs. H. B. Bullard
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife McClellan

Given name added from a supplemental report

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

(27) FILED Sept 20 1922 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.