

## (1) PLACE OF BIRTH

County of Barrow  
 Township of Neelgar  
 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

16777

Registration District No. 509 Registered No. 41.....  
 (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 Larry Miles If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet ..... (5) Number in order of birth ..... (6) Are Parents Married yes (7) DATE OF BIRTH June 16, 23  
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME Job Miles

(9) PRESENT POSTOFFICE OF FATHER Barrow

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 24  
 (Year)

(12) BIRTHPLACE S.C.

(13) OCCUPATION farmer

(14) Number of children born to mother, including present birth 1 2

MOTHER.  
 (14) NAME BEFORE MARRIAGE Leola Beck

(15) PRESENT POSTOFFICE OF MOTHER Barrow

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 20  
 (Year)

(18) BIRTHPLACE S.C.

(19) OCCUPATION farmer

(20) Number of children of this mother now living, including present birth 1 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature) Rebecca Carter

(23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife

Given name added from a supplemental report

(25) Witness .....  
 (Signature of Witness necessary only when question 22 is signed by mark)

(26) Filed July 6, 23 (27) Mrs. P. Carter 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.