

## (1) PLACE OF BIRTH

County of RochesterTownship of Winthausor  
Inc. Town of .....or  
City 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

No. 1-For Use of Registrar

38716

Registration District No. 1704 Registered No. 26  
(For use of Local Registrar)(2) Full Name of Child Larry C. BarterIf child is not yet named, make  
supplemental report as directed(3) SEX OF CHILD Boy (4) Type or Twin Twin (5) Number in order of birth 1 (6) Sex of mother Female (7) DATE OF BIRTH Feb. 11, 1923  
(To be completed only in event of Twin or Triplet)

## FATHER.

(8) NAME BEFORE MARRIAGE Laurie Barter(9) PRESENT RESIDENCE OF FATHER Byrds. S.C.(10) COLOR Black (11) AGE AT LAST BIRTHDAY 30  
(12) BIRTHPLACE South Carolina(13) OCCUPATION Public Work(14) Number of children born to mother, including present birth 5

## MOTHER.

(15) NAME BEFORE MARRIAGE Eileen Washington(16) PRESENT RESIDENCE OF MOTHER Byrds. S.C.(17) COLOR Black (18) AGE AT LAST BIRTHDAY 37  
(19) BIRTHPLACE South Carolina(20) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn) (New A. M. or P. M.)(23) (Signature) Betty Mack(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Midway, S.C.Given name added from a supplement-  
al report(26) Witness Thirine Thirine  
(Signature of Witness necessary only when question 22 is signed by mark)(27) Filed 1/6/25 (28) John H. Staden

\*When there was no attending physician or midwife, then the father, householder, etc., should report if a child breathes even once, it must not be reported as stillborn. See report is dated of birth before the fifth month of pregnancy.