

(1) PLACE OF BIRTH

County of Georgetown

Township of

or

Inc. Town of

or

City of Georgetown

(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. 1a.—For State Registrar Only

3904

Registration District No. 71-A. Registered No. 6.....
(For use of Local Registrar)City of Georgetown (No. Municipal St. Ward)(2) Full Name of Child Luther Bell Barren (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Age of Parent Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 24 1923</u> (Month of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Frank Barren</u>	(14) NAME BEFORE MARRIAGE <u>Monie Barren</u>	(18) PRESENT POSTOFFICE OF FATHER <u>Georgetown, S.C.</u>	(18) PRESENT POSTOFFICE OF MOTHER <u>Georgetown, S.C.</u>
(10) COLOR OR RACE <u>Color</u>	(11) AGE AT LAST BIRTHDAY <u>24</u> (Years)	(16) COLOR OR RACE <u>Color</u>	(17) AGE AT LAST BIRTHDAY <u>19</u> (Years)
(12) BIRTHPLACE <u>Georgetown, S.C.</u>	(15) OCCUPATION <u>Laborer</u>	(15) BIRTHPLACE <u>Waco, S.C.</u>	(15) OCCUPATION <u>Housekeeper</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 4 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) <u>Sarah Brown</u>	(24) State whether Physician or Midwife <u>Midwife</u>	(25) Address of Physician or Midwife <u>Georgetown, S.C.</u>
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Given name added from a supplemental report	(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
.....	(27) Filed <u>Jan 24 1923</u> (28) <u>R. G. King</u> 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.

MARGIN RESERVED FOR INDEXING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
In case of twins, triplets, etc., use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THEN OTHERS, No. 2, etc., in question 2.