

(1) PLACE OF BIRTH

County of Lowndes
 Township of Henry
 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

1911

Registration District No. 4302 Registered No. 30
 (For use of Local Registrar)

(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 Julia Lee Barr If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet To be answered only in event of Twin or Triplet (5) Number in order of birth (6) Are Parents Married Yes (7) DATE OF BIRTH June 3, 1911
 (Month) (Day) (Year)

FATHER. (8) FULL NAME James Barr (9) PRESENT POSTOFFICE OF FATHER Fowler (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 37 (Year) (12) BIRTHPLACE Windsbury (13) OCCUPATION Farmer (14) NAME BEFORE MARRIAGE Robertine Alston (15) PRESENT POSTOFFICE OF MOTHER Fowler (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 38 (Year) (18) BIRTHPLACE Windsbury (19) OCCUPATION Housekeeper (20) Number of children born to mother, including present birth 7 (21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) William H. Myers (24) Address of Physician or Midwife Fowler

(25) State whether Physician or Midwife Midwife

Given name added from a supplemental report

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

(27) Filed June 9, 1911 (28) J. B. Jackson 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.