

Form No. 1

(1) PLACE OF BIRTH

County of WayneTownship of Wayneor
Inc. Town of

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 HealthFile No.—For State Registrar Only
24322Registration District No. 4 Registered No.
(For use of Local Registrar)(2) Full Name of Child Alice Lucretia Barber If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL <u>girl</u>	(2) Twin or Triplet? <u>No</u> To be answered only in event of Twin or Triplet	(3) Number in order of birth	(4) Are Parents Married? <u>Yes</u>	(5) DATE OF BIRTH <u>Aug. 18, 1923</u> (Name of month) (Day) (Year)
-----------------------------	---	------------------------------	-------------------------------------	--

FATHER.
(6) FULL NAME James Barber(7) PRESENT POSTOFFICE OF FATHER Thimbleton(8) COLOR OR RACE negro (9) AGE AT LAST BIRTHDAY 38
(Year)(10) BIRTHPLACE Fairfield(11) OCCUPATION Farmer(12) Number of children born to mother, including present birth 5MOTHER.
(13) NAME BEFORE MARRIAGE Lissie Barber(14) PRESENT POSTOFFICE OF MOTHER Thimbleton(15) COLOR OR RACE negro (16) AGE AT LAST BIRTHDAY 32
(Year)(17) BIRTHPLACE Fairfield(18) OCCUPATION Housewife(19) Number of children of this mother now living, including present birth 15

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was... alive... at... at... M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(21) (Signature) Amelia Wilson
(22) State whether Physician or Midwife (23) Address of Physician or Midwife

Given name added from a supplemental report

(24) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(25) Filed Sept. 12, 1923 (26) W. T. Johnston
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.