

No. 1

(1) PLACE OF BIRTH

County of Union

Township of Proctor

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 Health

Registration District No. 4-2

No. 8757 — For State Registrar Only

Registered No. 9
(For use of Local Registrar)

(2) Full Name of Child Fresh Mae Farr

If child is not yet named, make supplemental report as directed

(a) Sex of Child Girl (b) Type or Triplet No (c) Number in order of birth 1 (d) Age at birth 0 (e) Date of birth Feb 6 1923
(f) Name of birth (Day) (Year)

FATHER.
(1) Full name Harley Farr
(2) Present postoffice of father Union S.C. R2
(3) Color or race White (4) Age at last birthday 34 (Year)
(5) Birthplace Union
(6) Occupation Farming
(7) Number of children born to mother, including present birth 1

MOTHER.
(1) Name before marriage Beatie Burr
(2) Present postoffice of mother Union S.C. R-2
(3) Color or race White (4) Age at last birthday 25 (Year)
(5) Birthplace Union County
(6) Occupation Domestic
(7) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(29) (Signature) W. D. Apple (30) Since whether Physician or Midwife Physician (31) Address of Physician or Midwife Lockhart S.C.

Given name added from a supplemental report
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19

(32) Witness (Signature of Witness necessary only when question 28 is signed by mark)
(33) Signed April 9 1923 (34) L. Gallman 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.