

PLACE OF BIRTH

County of LexingtonTownship of Black Creekor
City of _____
or
Town of _____
or
City of _____

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3102 Registered No. _____

(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)

FULL NAME OF CHILD

Dewan Barrs

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

BOY OR
GIRLBoy4. Twin or
Triplet?

To be answered only in event of Twins or Triplets

5. Number in order
of birth26. Are
Parents
Married?yes

7. DATE OF BIRTH

Aug 29, 1922

(Name of Month) (Day) (Year)

FATHER

FULL
NAMEWright BarrsPRESENT
POSTOFFICE
OF FATHERWagner S.C.COLOR
OR
RACEWhite11. AGE AT LAST
BIRTHDAY28

(Years)

BIRTHPLACE

S.C.

OCCUPATION

FarmerNumber of children born to
mother, including present birth2

MOTHER

14. NAME BEFORE
MARRIAGEJessie Garvin15. PRESENT
POSTOFFICE
OF MOTHERWagner16. COLOR
OR
RACEWhite17. AGE AT LAST
BIRTHDAY21

(Years)

18. BIRTHPLACE

S.C.

19. OCCUPATION

Housewife21. Number of children of this mother
now living, including present birth2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 8 P M.
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

23. Signature

D.R. Kuece M.D.

24. State whether Physician or Midwife

25. Address of Physician or Midwife

Pelion S.C.

Given name added from a supplemental report

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Registrar

26. Witness

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

27. Filed

1922

28.

Local Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return.
If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.