

## PLACE OF BIRTH

County of Lexington  
 Township of Black Creek  
 or  
 City or 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

27022-a

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

BOY OR GIRL <u>Boy</u>	4. Twin or Triplet? To be answered only in event of Twins or Triplets	5. Number in order of birth <u>2</u>	6. Are Parents Married? <u>yes</u>	7. DATE OF BIRTH <u>Aug 29, 1922</u> (Name of Month) (Day) (Year)
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## FATHER

FULL NAME Wright Barrs  
 PRESENT POSTOFFICE OF FATHER Wagner S.C.  
 COLOR OR RACE White AGE AT LAST BIRTHDAY 28  
 (Years)

BIRTHPLACE S.C.

OCCUPATION Farmer

Number of children born to mother, including present birth { 2

## MOTHER

14. NAME BEFORE MARRIAGE Jessie Garrison  
 15. PRESENT POSTOFFICE OF MOTHER Wagner  
 16. COLOR OR RACE White 17. AGE AT LAST BIRTHDAY 21  
 (Years)

18. BIRTHPLACE S.C.

19. OCCUPATION Housewife

21. Number of children of this mother now living, including present birth { 2

## 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.K. Tucee M.D.  
 24. State whether Physician or Midwife \_\_\_\_\_ 25. Address of Physician or Midwife Pelion S.C.

Given name added from a supplemental report

\_\_\_\_\_, 192\_\_\_\_

Registrar

26. Witness \_\_\_\_\_  
 (Signature of Witness necessary only when question 23 is signed by mark)  
M.D. Tucee  
 27. Filed \_\_\_\_\_ 19\_\_\_\_ 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.