

Form No. 1

## (1) PLACE OF BIRTH

County of OrangeburgTownship of Orangeburg

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

File No.—For State Registrar Only

4873

Registration District No. 3.6.13Registered No. 24  
(For use of Local Registrar)(2) Full Name of Child William Barth Jr

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be covered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Feb 15, 23</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME William Barth

(9) PRESENT POSTOFFICE OF FATHER Arlyson

(10) COLOR OR RACE Col

(11) AGE AT LAST BIRTHDAY 48  
(Years)

(12) BIRTHPLACE Arlyson SC

(13) OCCUPATION carpenter, cabinet maker

(20) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Mary Shuler

(15) PRESENT POSTOFFICE OF MOTHER Orangeburg SC

(16) COLOR OR RACE Col

(17) AGE AT LAST BIRTHDAY 28  
(Years)

(18) BIRTHPLACE Arlyson SC

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at 5 P. M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary Shuler

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Arlyson SC

(Given name added from a supplemental report)

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Feb 19, 1923 (28) J. L. Fairley  
Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY. WITH INK. INK—THIS IS A PERMANENT RECORD.

IN CASE OF TWINS OR TRIPLETS, USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN. No. 1 THE OTHER, No. 2, etc. In question 1.

MICROFILMED BY COLLEGE OF COLUMBIA