

(1) PLACE OF BIRTH

County of Lancaster
 Township of Cherry
 Inc. Town of Batesburg
 City of Batesburg

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

No. 14.—For State Registrar Only

32992

Registration District No. 31-0 Registered No. 68

(For use of Local Registrar)

(No. 112000... LEPN. BARBER... Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Barber, Lepton If child is not yet named, make supplemental report as directed

(1) SEX OF CHILD Boy (2) Type of Infant Full term (3) Number in order of birth 1 (4) Age of Mother 24 (5) DATE OF BIRTH Feb 23 1923
 (Name of Month) (Year) (Day)

FATHER		MOTHER	
(6) FULL NAME <u>Paul Barber</u>	(10) NAME BEFORE MARRIAGE <u>Tillie Mann</u>	(6) FULL NAME <u>Paul Barber</u>	(10) NAME BEFORE MARRIAGE <u>Tillie Mann</u>
(7) PRESENT RESIDENCE OF FATHER <u>Batesburg S.C.</u>	(7) PRESENT RESIDENCE OF MOTHER <u>Batesburg S.C.</u>	(7) PRESENT RESIDENCE OF FATHER <u>Batesburg S.C.</u>	(7) PRESENT RESIDENCE OF MOTHER <u>Batesburg S.C.</u>
(11) COLOR OF HAIR <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>36</u>	(11) COLOR OF HAIR <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>33</u>
(12) BIRTHPLACE <u>Russia</u>	(12) BIRTHPLACE <u>Germany</u>	(12) BIRTHPLACE <u>Russia</u>	(12) BIRTHPLACE <u>Germany</u>
(13) OCCUPATION <u>Merchant</u>	(13) OCCUPATION <u>Housewife</u>	(13) OCCUPATION <u>Merchant</u>	(13) OCCUPATION <u>Housewife</u>
(14) Number of children born to mother, including present birth <u>4</u>	(14) Number of children born to mother, including present birth <u>4</u>	(14) Number of children born to mother, including present birth <u>4</u>	(14) Number of children born to mother, including present birth <u>4</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Barber, Lepton... at 11 P. M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. M. M. Jones

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

M. B. Jones, M. F.Feb 23 1923

Registrar

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

(27) Date Feb 23 1923 (28) S. J. Thornton 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.

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