

MARGIN RESERVED FOR BINDING.

WHITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.

N. B.—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 5.

Cal. of Columbia.

(1) PLACE OF BIRTH

County of *Williamsburg*  
Township of *Lee*

Inc. Town of .....  
City of .....

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only  
**66655**

Registration District No. *4311* Registered No. *53*  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *Anna Lee Barr* { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <i>girl</i>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <i>No</i>	(7) DATE OF BIRTH <i>June 29, 1911</i> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME *George L. Barr*  
(9) PRESENT POSTOFFICE OF FATHER *Lee, S.C.*  
(10) COLOR OR RACE *negro* (11) AGE AT LAST BIRTHDAY *25* (Years)  
(12) BIRTHPLACE *Williamsburg Co.*  
(13) OCCUPATION *farmer*  
(20) Number of children born to mother, including present birth *Two*

MOTHER.

(14) NAME BEFORE MARRIAGE *Bessie Barr*  
(15) PRESENT POSTOFFICE OF MOTHER *Lee, S.C.*  
(16) COLOR OR RACE *negro* (17) AGE AT LAST BIRTHDAY *19* (Years)  
(18) BIRTHPLACE *Williamsburg Co.*  
(19) OCCUPATION *farm laborer*  
(21) Number of children of this mother now living, including present birth *Two*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *1:30* ..... M., on the date above stated. (Born alive or stillborn) (Hour & M. or P. M.)

(23) (Signature) *Tina. Scudder (midwife)*  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report  
..... 191.....  
..... Registrar

(26) Witness *W. E. Scudder*  
(Signature and name necessary only when question is signed by mark)  
(27) Filed *June 30, 1911* (28) *W. E. Scudder* 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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