

FORM NO. 3.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only
50696

(1) PLACE OF BIRTH

County of W. BurTownship of Johnston

Inc. Town of

or

City of

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

Registration District No. 4304 Registered No. 12
(For use of Local Registrar)

St.; Ward)

(No.)

(2) Full Name of Child. Abraham Barr If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Bo

(4) Twin or Triplet?

To be answered only in case of twins or triplets

(5) Number in order of birth

(6) Are Parents Married? Y(7) DATE OF BIRTH Feb. 12, 1911
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Comas Barr(9) PRESENT POSTOFFICE OF FATHER Hamway SC RFD(10) COLOR OR RACE Negro(11) AGE AT LAST BIRTHDAY 63
(Years)(12) BIRTHPLACE SC(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 6

MOTHER.

(15) NAME BEFORE MARRIAGE Alice Lewis(16) PRESENT POSTOFFICE OF MOTHER Hamway SC RFD(17) COLOR OR RACE Negro(18) AGE AT LAST BIRTHDAY 27
(Years)(19) BIRTHPLACE SC(20) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born, at 9:00 (Hour A. M. or P. M.) on the date above stated.(23) (Signature) M. M. Alston

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Hamway SC RFD

Given name added from a supplemental report

(26) Witness Comas Barr

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

(27) Filed Feb. 15, 1911

(28)

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.

MARGIN RESERVED FOR BINDING.

WRITE 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.

McCaw, of Columbia.