

## (1) PLACE OF BIRTH

County of LexingtonTownship of Mill Branch

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2103File No. 21767Registered No. 60  
(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.)

(2) Full Name of Child Glady M. Barrs If child is not yet named, make supplemental report as directed(3) Sex Female (4) Date of Birth July 8, 1923  
(5) Time of Birth 10:30 (6) Place of Birth Home  
(7) Month of Birth July (8) Day of Birth 8 (9) Year of Birth 1923(10) Name of Father Marshall L. Barrs (11) Name of Mother Louella Staley(12) Present Postoffice of Father Secaucus (13) Present Postoffice of Mother No 9(14) Color of Father White (15) Age at Last Birthday 31  
(16) Color of Mother White (17) Age at Last Birthday 26(18) Birthplace of Father Lexington Co SC (19) Birthplace of Mother Orangeburg Co SC(20) Occupation of Father Farmer (21) Occupation of Mother Housework(22) Number of children born to mother, including present birth 5 (23) Number of children of the mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(24) I hereby certify that I attended the birth of this child, who was born live on the date above stated. (25) (Signature) S. C. Prother(26) State whether Physician or Midwife (27) Address of Physician or Midwife 1111 1/2 St.

Given name added from a supplemental report

Gennie Fairley  
Oct. 19, 1923

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

(29) Filed July 9, 1923 (30) J. N. King 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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