

MARGIN RESERVED FOR BUNDLING.
WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD, and mark the
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 8.

(1) PLACE OF BIRTH

County of Flurence
Township of Jeffers
or
Inc. Town of Mass Bluff
or
City of

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

File No.—For State Registrar Only
18607

Registration District No. 2007 Registered No. 142
(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 Lee Barr If child is not yet named, make supplemental report as directed

3 SEX OR GENDER boy 4 Twin or Triplet? No 5 Number in order of birth 1 6 Are Parents Married? No 7 DATE OF BIRTH Mar 3 1907
(Name of Month) (Day) (Year)

FATHER.

8 FULL NAME

9 PRESENT POSTOFFICE OF FATHER

10 COLOR OR RACE

11 AGE AT LAST BIRTHDAY
(Years)

12 BIRTHPLACE

13 OCCUPATION

20 Number of children born to mother, including present birth one

MOTHER.

14 NAME BEFORE MARRIAGE Pearl Barr

15 PRESENT POSTOFFICE OF MOTHER Mass Bluff S.C.

16 COLOR OR RACE negro

17 AGE AT LAST BIRTHDAY 19
(Years)

18 BIRTHPLACE Bismuthville S.C.

19 OCCUPATION Farmhand

21 Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was White at 2 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Flurence Greig

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Mass Bluff S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Mar 30 1907

(28) W. S. G. Barr 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.