

Form No. 1.

(1) PLACE OF BIRTH

County of Lexington  
 Township of .....  
 or  
 Inc. Town of Batesburg  
 or  
 City of .....  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

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

File No. For State Registrar Only

46821

Registration District No. 31-A Registered No. 63  
 (For use of Local Registrar)  
 St.; ..... Ward

(2) Full Name of Child Barry Bernard Perry If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 7 1916  
 (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME Willie W. Perry  
 (9) PRESENT POSTOFFICE OF FATHER Batesburg  
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 27 (Years)  
 (12) BIRTHPLACE Saluda Co.  
 (13) OCCUPATION working  
 (20) Number of children born to mother, including present birth 4

MOTHER.  
 (14) NAME BEFORE MARRIAGE Lizzie Huattibann  
 (15) PRESENT POSTOFFICE OF MOTHER Batesburg S.C.  
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 30 (Years)  
 (18) BIRTHPLACE Lexington  
 (19) OCCUPATION housewife  
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Lizzie X. Cathey  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Batesburg S.C.

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

(26) Witness S. T. Altman  
 (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Jan 13 1916 (28) S. T. Altman Local Registrar

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

\*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.