

Form No. 1

(1) PLACE OF BIRTH

County of SumterTownship of Privater

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

1932

Registration District No. 4104 Registered No. 447
(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child Troy Barkley
If birth occurs in a hospital or other institution, give name of same instead of street and number.
If child is not yet named, make supplemental report as directed3. BOY OR GIRL? Boy

4. Twin or Triplet?

5. Number in order of birth

6. Are Parents Married? Yes7. DATE OF BIRTH June, 4-23
(Name of Month) (Day) (Year)

FATHER.

8. FULL NAME Roalie Barkley9. PRESENT POSTOFFICE OF FATHER Sumter, S.C.10. COLOR OR RACE White 11. AGE AT LAST BIRTHDAY 28
(Years)

12. BIRTHPLACE

Clarendon Co. S.C.

13. OCCUPATION

Farming

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

FOUR

MOTHER.

14. NAME BEFORE MARRIAGE Jesse McLeod15. PRESENT POSTOFFICE OF MOTHER Sumter, S.C.16. COLOR OR RACE White 17. AGE AT LAST BIRTHDAY 3
(Years)18. BIRTHPLACE Sumter Co. S.C.

19. OCCUPATION

Housewife21. Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 8:30 M.,
on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Agnes McLeod(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Sumter, S.C. 12

Given name added from a supplemental report

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

(27) Filed 6-20-23(28) Local Registrar J. L. WoodruffWhen 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.