

(1) PLACE OF BIRTH

County of Williamson
 Township of Johns
 or
 Inc. Town of
 or
 City of

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

File No. — For State Registrar Only
17064

Registration District No. 4304 Registered No. 1
 (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 Mellie Barr

(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 25, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Joe Barr

(9) PRESENT POSTOFFICE OF FATHER Hamway S.C.

(10) COLOR OR RACE Caucasian (11) AGE AT LAST BIRTHDAY 25
 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Amie Hughes

(15) PRESENT POSTOFFICE OF MOTHER Hamway S.C.

(16) COLOR OR RACE Caucasian (17) AGE AT LAST BIRTHDAY 21
 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 8 P.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sallie Sue

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Hamway 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 Feb 4, 1922 (28) R. H. Ord Local Registrar

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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.