

## (1) PLACE OF BIRTH

County of SpartanburgTownship of hickoryor  
Inc. Town of .....or  
City of .....(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
(No. .... St. .... Ward)CERTIFICATE OF BIRTH  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

No. 30203

Registration District No. 40A-26 Registered No. 616  
(For use of Local Registrar)

## (2) Full Name of Child

Neil Barber

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

(3) SEX OR GENDER boy (4) Twin or Triplet To be answered only in event of Twin or Triplet (5) Number in order of birth yes (6) Are Parents Married yes (7) DATE OF BIRTH Sept 9 1923  
(Name of Month) (Day) (Year)FATHER.  
(8) FULL NAME Lydi Barber  
(9) PRESENT POSTOFFICE OF FATHER Spartanburg 16182  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 32  
(Year) (12) BIRTHPLACE GA  
(13) OCCUPATION farmer  
(14) Number of children born to mother, including present birth 5MOTHER.  
(14) NAME BEFORE MARRIAGE Junia Gray  
(15) PRESENT POSTOFFICE OF MOTHER 16182  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 23  
(Year) (18) BIRTHPLACE GA  
(19) OCCUPATION housewife  
(20) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Pauline 9 at 1 M.  
(Born alive or stillborn) (Hour A. M. or P. M.)  
(23) (Signature) Pauline  
(24) State whether Physician or Midwife Midwife

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(26) Filed 1923 (27) Local Registrar Pauline

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.