

(1) PLACE OF BIRTH

County of

Lancaster

Township of

Indian Land

Inc. Town of

Van Wyck

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

823492, 805

Registration District No.

2.805

Registered No.

(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child. Gertrude Barber

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>1</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 28</u>
				(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME <u>James Barber</u>	(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>31</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Van Wyck S.C.</u>	(12) BIRTHPLACE <u>Lancaster Co</u>	(13) OCCUPATION <u>Farmer</u>
(20) Number of children born to mother, including present birth <u>One</u>		

MOTHER.

(14) NAME BEFORE MARRIAGE <u>Aslee Wright</u>	(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>20</u>
(15) PRESENT POSTOFFICE OF MOTHER <u>Van Wyck S.C.</u>	(18) BIRTHPLACE <u>Lancaster S.C.</u>	(19) OCCUPATION <u>House wife</u>
(21) Number of children of this mother now living, including present birth <u>One</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was June 28 at 9 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) <u>James Barber</u>	(25) Address of Physician or Midwife <u>Van Wyck S.C.</u>
(24) State whether Physician or Midwife <u>Midwife</u>	

Given name added from a supplemental report

....., 191.....

Registrar

(26) Witness James Barber

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

(27) Filed 191..... (28) C. W. Secret

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.

McCoy, of Columbia. Add—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.