

Form No. 1

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

County of Lancaster
 Township of Indian Land
 or
 Inc. Town of Registration District No. 2.805 Registered No.
 or
 City of Van Wyck (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 Airtude Barber } If child is not yet named, make supplemental report as directed

File No.—For State Registrar Only
823492, 805

(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.			MOTHER.	
(8) FULL NAME <u>James Barber</u>			(14) NAME BEFORE MARRIAGE <u>Aslee Wright</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Van Wyck S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Van Wyck S.C.</u>	
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>21</u> (Years)	(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)	
(12) BIRTHPLACE <u>Lancaster Co</u>			(18) BIRTHPLACE <u>Lancaster S.C.</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>House wife</u>	
(20) Number of children born to mother, including present birth <u>One</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 on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

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

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

AND—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the McCAY, of Columbia, FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

*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.

A K S A F E T Y A E