

## (1) PLACE OF BIRTH

County of *Richland*Township of *Richland*

Inc. Town of .....

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

Registration District No. *7049* Registered No. *34*

(For use of Local Registrar)

(No. *13122001122* St. *4* Ward)(2) Full Name of Child *Arthur William Barr*

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

(3) SEX OF CHILD <i>Boy</i>	(4) Type or Twin <i>To be entered only in case of Twin or Triple</i>	(5) Number in order of birth <i>1</i>	(6) Any Previous Marriages <i>Yes</i>	(7) DATE OF BIRTH <i>July 19/1923</i> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME *Arthur Barr*(9) PRESENT POSTOFFICE OF FATHER *Columbia R # 3*(10) COLOR OR RACE *Color* (11) AGE AT LAST BIRTHDAY *23* (Year)(12) BIRTHPLACE *Greenville S.C.*(13) OCCUPATION *Local*(14) Number of children born to mother, including present birth *4*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Helen W. Barr*(15) PRESENT POSTOFFICE OF MOTHER *Columbia R # 3*(16) COLOR OR RACE *Color* (17) AGE AT LAST BIRTHDAY *25* (Year)(18) BIRTHPLACE *Richland S.C.*(19) OCCUPATION *Housewife*(20) Number of children of this mother & now living, including present birth *1*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was *Arthur* M., on the date above stated. (Born alive or stillborn. Mark A. M. or S. M.)(22) (Signature) *Shirley Taylor*

(23) State whether Physician or Midwife (24) Address of Home or Office

Given name added from a supplemental report

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

(26) Filed Aug. 10 1923 (27) 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.

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