

## (1) PLACE OF BIRTH

County of *horry*Township of *adriatic*

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Filing No. — For State Registrar Only

32144

Registration District No. *902* Registered No. *448*

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *Florence Barron*

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

(3) BOY OR GIRL *girl* (4) Twin or Triplet? *No* (5) Number in order of birth *5* (6) Are Parents Married *Yes* (7) DATE OF BIRTH *Nov. 17, 23*  
 (Name of Month) (Day) (Year)

FATHER  
 (8) FULL NAME *Isaac Barron*  
 (9) PRESENT POSTOFFICE OF FATHER *Edisto Field*  
 (10) COLOR OR RACE *W* (11) AGE AT LAST BIRTHDAY *38*  
 (Years)  
 (12) BIRTHPLACE *Edisto Field, S. C.*  
 (13) OCCUPATION *Farming*  
 (14) Number of children born to mother, including present birth *5*

MOTHER  
 (14) NAME BEFORE MARRIAGE *Edith Knight*  
 (15) PRESENT POSTOFFICE OF MOTHER *Edisto Field S. C.*  
 (16) COLOR OR RACE *W* (17) AGE AT LAST BIRTHDAY *38*  
 (Years)  
 (18) BIRTHPLACE *Edisto Field S. C.*  
 (19) OCCUPATION *Housewife*  
 (20) Number of children of this mother now living, including present birth *5*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Edith Knight*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

191

Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mother)

(27) Filed *Nov. 24, 1923* (28) *J. M. K. Whor* 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.