

FORM NO. 1 MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—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.

McCaw, of Columbia.

(1) PLACE OF BIRTH

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County of *Greenville*
Township of *Greenville*
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

90198

Registration District No. *2307* Registered No. *177*
(For use of Local Registrar)

(2) Full Name of Child *Brian Edmund Barber*

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

(3) BOY OR GIRL *Male* (4) Twin or Triplet? *No* (5) Number in order of birth *3* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Dec. 13, 1916*
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME *Wm Kelly Barber*
(9) PRESENT POSTOFFICE OF FATHER *Greenville, SC*
(10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *29* (Years)
(12) BIRTHPLACE *Greenville SC*
(13) OCCUPATION *rice operative*
(20) Number of children born to mother, including present birth *3*

(14) NAME BEFORE MARRIAGE *Jessie Humber*
(15) PRESENT POSTOFFICE OF MOTHER *Greenville SC*
(16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *26* (Years)
(18) BIRTHPLACE *Greenville SC*
(19) OCCUPATION *domestic*
(21) Number of children of this mother now living, including present birth *3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *3:10 P.M.* on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *J. M. Guzman, M.D.*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Greenville, SC*

Given name added from a supplemental report

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

(27) Filed *Jan 9, 1917* (28) *S. P. Brooks* 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.