

(1) PLACE OF BIRTH
 County of Orangeburg
 Township of Union
 OF
 Inc. Town of
 OF
 City of (No. St.; Ward)
 (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
19761

Registration District No. 3616 Registered No. 37
 (For use of Local Registrar)

(2) Full Name of Child Barrie Lee Perry (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** 2 **(6) Are Parents Married?** Yes **(7) DATE OF BIRTH** June 26-22
 To be answered only in event of Twins or Triplets (Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Lee Perry</u>	(14) NAME BEFORE MARRIAGE <u>Simmie Goran</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Cope SC R 7 D</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Cope SC R 7 D</u>		
(10) COLOR OR RACE <u>Colored</u> (11) AGE AT LAST BIRTHDAY <u>35</u> (Years)	(16) COLOR OR RACE <u>Colored</u> (17) AGE AT LAST BIRTHDAY <u>32</u> (Years)		
(12) BIRTHPLACE <u>Orangeburg Co.</u>	(18) BIRTHPLACE <u>Orangeburg Co.</u>		
(13) OCCUPATION <u>Farming</u>	(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>Eight</u>	(21) Number of children of this mother now living, including present birth <u>Three</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was At 7:15 P. M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Henrietta X. Harrison
(24) State whether Physician or Midwife Midwife **(25) Address of Physician or Midwife** Cope SC R 7 D

Given name added from a supplemental report R. K. Wiersey
(26) Witness R. K. Wiersey
 (Signature of Witness necessary only when question 23 is signed by mark)
(27) Local Registrar R. K. Wiersey

(28) Date July 22

When this report is received by the State Board of Health, the father, householder, etc., should make this return. If a child is born dead, it must not be reported as stillborn. No report is desired of stillbirths before the last month of pregnancy.