

(1) PLACE OF BIRTH

County of Abbeville

Township of

Inc. Town of

City of Abbeville

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

2) Full Name of Child L. B. Barrow

No. 3812

3) SEX OF CHILD Boy

(4) Twin or triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

Nov. 14, 1929

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

1) FULL NAME L. B. Barrow

2) PRESENT RESIDENCE OF FATHER Abbeville S. C.

3) COLOR OR RACE Blk (11) AGE AT LAST BIRTHDAY 24 (Years)

4) BIRTHPLACE Abbeville S. C.

5) OCCUPATION Public work

6) Number of children born to mother, including present birth 3

(14) NAME BEFORE MARRIAGE Mary Miller

(15) PRESENT RESIDENCE OF MOTHER Abbeville S. C.

(16) COLOR OR RACE Blk (17) AGE AT LAST BIRTHDAY 29 (Years)

(18) BIRTHPLACE South Carolina

(19) OCCUPATION Housekeeping

(20) 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 (Born alive or stillborn) (How M. or P. M.)

(23) (Signature) Victoria Wardlaw

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Abbeville S. C.

Even name added from a supplemental report

(26) Witness Miss Julia McAllister

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

(27) Filed Dec 15, 1929 (28) Miss Julia McAllister 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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