

## (1) PLACE OF BIRTH

County of Wineburg  
 Township of Ridge  
 Inc. Town of .....  
 or  
 City of .....

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

File No.—For State Registrar Only  
**19495**

Registration District No. 4309 Registered No. 11  
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 (No. .... St. .... Ward)

(2) Full Name of Child John Davis Barrow If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Apr 16 1933</u> (Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>Leighton Barrow</u>			(14) NAME BEFORE MARRIAGE <u>Lula Barrow</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Cades S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Cades S.C.</u>	
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>44</u> (Year)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>37</u> (Year)	
(12) BIRTHPLACE <u>Wineburg Co S.C.</u>			(18) BIRTHPLACE <u>Wineburg Co S.C.</u>	
(13) OCCUPATION <u>farmer</u>			(19) OCCUPATION <u>farm hand</u>	
(20) Number of children born to mother, including present birth <u>8</u>			(21) Number of children of this mother now living, including present birth <u>8</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

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

(23) (Signature) Midwife  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Cades S.C.

(If name added from a supplemental report)

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed 9/22/28 (28) 12-7-34 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.