

WRITE PLAINLY. WITH UNFADING ENK—THIS IS A PREPARATION FOR EACH CHILD, and mark the  
 No. 11—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 8.  
 RECORD OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH  
 County of Saurus  
 Township of Cross Hill S.C.  
 or  
 Inc. Town of.....  
 or  
 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  
15577

Registration District No. 2900 Registered No. 12  
 (For use of Local Registrar)

(2) Full Name of Child Albert Gogins (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>May 27</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>Henry Gogins</u>			(14) NAME BEFORE MARRIAGE <u>Marrie Gogins</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Cross Hill S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Cross Hill S.C.</u>	
(10) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>27</u> (Years)	(16) COLOR OR RACE <u>Colored</u>	(17) AGE AT LAST BIRTHDAY <u>25</u> (Years)	
(12) BIRTHPLACE <u>S.C.</u>		(18) BIRTHPLACE <u>S.C.</u>		
(13) OCCUPATION <u>Laborer</u>		(19) OCCUPATION <u>Home &amp; Farm</u>		
(20) Number of children born to mother, including present birth		(21) Number of children of this mother now living, including present birth		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 4 P.M. on the date above stated.  
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lemuel Williams  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Cross Hill S.C.

Given name added from a supplemental report

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

(27) Filed May 29 1922 (28) P. B. Giddens 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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