

THIS IS A SEPARATE BLANK FOR EACH CHILD and mark the

(1) PLACE OF BIRTH

County of McCormick
 Township of Edgefield
 or
 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

3120P

Registration District No. 4581 Registered No. 31
 (For use of Local Registrar)

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

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

1. SEX OR AGE Girl 2. Twin or Triplet? X 3. Number in order of birth 1 4. Are Parent Married? yes 5. DATE OF BIRTH Sept 13, 1922

6. FULL NAME OF FATHER Jeffie Garrett 7. FULL NAME OF MOTHER Asara Price

8. PRESENT RESIDENCE OF FATHER Parksville S.C. 9. PRESENT POSTOFFICE OF MOTHER Parksville S.C.

10. COLOR OR RACE Col. 11. AGE AT LAST BIRTHDAY 34 12. COLOR OR RACE Col. 13. AGE AT LAST BIRTHDAY 24

14. CITY OR TOWN Edgefield Co. 15. CITY OR TOWN Edgefield Co.

16. OCCUPATION Farmer 17. OCCUPATION Housewife

18. Number of children born to mother living 3 19. Number of children of the mother now living including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN

20. I hereby certify that I attended the birth of this child, who was Born alive at 4 A.M. on the date above stated.

(21) Signature of Physician Harriet Digler (22) State whether Midwife or Physician

23. Name of attending physician or midwife, when the father, householder, etc., should make this return, if a child is born even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

(24) Signature of Witness Georgia Price (25) Signature of Witness D. J. Morgan

(26) Date Sept 13, 1922 (27) Local Registrar