

MAINTAIN RESERVED FOR BINDING.

WRITE PLAINLY. WITH LEADING INK.—THIS IS A PERMANENT RECORD.
 IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FORM FOR EACH CHILD, and mark the
 FIRST-BORN, No. 1 THE OTHER, No. 2, etc., in question 2.
 INDEX BY COLUMN: COLUMN 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Darlington</u>	STATE OF SOUTH CAROLINA	3594			
Township of <u>Lanham</u>	Bureau of Vital Statistics				
or	State Board of Health				
Inc. Town of	Registration District No. <u>1704</u>	Registered No. <u>14</u>			
or	(No.)	(For use of Local Registrar)			
City of	(If birth occurs in a hospital or other institution, give name of same instead of street and number.)	St. Ward			
(2) Full Name of Child <u>James Male</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL <u>Male</u>	(4) Twin or Triplet <u>No</u> To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Feb 27 1913</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Richard Gales</u>			(14) NAME BEFORE MARRIAGE <u>Matie Johnson</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Lanham</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Lanham</u>		
(10) COLOR OR RACE <u>col</u>			(16) COLOR OR RACE <u>col</u>		
(11) AGE AT LAST BIRTHDAY <u>21</u> (Year)			(17) AGE AT LAST BIRTHDAY <u>30</u> (Year)		
(12) BIRTHPLACE <u>SC</u>			(18) BIRTHPLACE <u>SC</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>3</u>			(21) Number of children of this mother now living, including present birth <u>3</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>3</u> a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Hannah Mackach</u>			(24) Address of Physician or Midwife <u>Lanham SC</u>		
(25) State whether <u>Physician or Midwife</u>			(26) Address of Physician or Midwife <u>Lanham SC</u>		
(27) Witness (Signature of Witness necessary only when question 22 is signed by mark) <u>Wm. J. C. ...</u>			(28) Date <u>Mar 3 1913</u>		
(29) When there was an 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 birth month of pregnancy.					