

(1) PLACE OF BIRTH

County of GeorgetownTownship of W. 5or
Inc. Town ofor
City of

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

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

(1) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(3) Number in order of birth <u>1</u>	(5) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 16</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Prison Geathers(9) PRESENT POSTOFFICE OF FATHER Plantersville(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 48
(Year)(12) BIRTHPLACE Georgetown Co SC(13) OCCUPATION Public Works(22) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Clara Alston(15) PRESENT POSTOFFICE OF MOTHER Plantersville(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 33
(Year)(18) BIRTHPLACE Georgetown Co SC(19) OCCUPATION House Wife(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 P.M. on the date above stated.
(Hour A. M. or P. M.)(23) (Signature) Judie Wilson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness C. Howard
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Mar 24 1922 (28) G. L. Ellis
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.