

MARGIN RESERVED FOR BINDING.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—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 5.

Form No. 1

(1) PLACE OF BIRTH

County of Aiken
Township of Schultz
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
40626

Registration District No. 213 Registered No. 66
(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 Frank Lifford { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 1, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Mether Lifford
(9) PRESENT POSTOFFICE OF FATHER Augusta Ga R 6
(10) COLOR OR RACE Bel (11) AGE AT LAST BIRTHDAY 20
(12) BIRTHPLACE SC
(13) OCCUPATION Farming (Labor)
(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Rosa Williams
(15) PRESENT POSTOFFICE OF MOTHER Augusta Ga R 6
(16) COLOR OR RACE Bel (17) AGE AT LAST BIRTHDAY 18
(18) BIRTHPLACE SC
(19) OCCUPATION House
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 10:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rachel Key

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Augusta Ga R 5

Given name added from a supplemental report

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

(27) Filed 12/11 1922 (28) J R Medlock 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.