

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**
 County of *Allendale* STATE OF SOUTH CAROLINA
 Township of *Bull Pond* Bureau of Vital Statistics
 or State Board of Health
 Inc. Town of Registration District No. *4603* Registered No. *5*
 or (For use of Local Registrar)
 City of St. Ward
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No. — For State Registrar Only
124

(2) Full Name of Child *Julia Rickland* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? *girl* (4) Twin or triplet? (5) Number in order of birth (6) Are Parents Married? *yes* (7) DATE OF BIRTH *Jan 10 22*
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER
 (8) FULL NAME *Gary Rickland*

MOTHER
 (14) NAME BEFORE MARRIAGE *Larrie Asstun*

(9) PRESENT POSTOFFICE OF FATHER *Barton SC*

(15) PRESENT POSTOFFICE OF MOTHER *Barton SC*

(10) COLOR OR RACE *Colard* (11) AGE AT LAST BIRTHDAY *45*
 (Years)

(16) COLOR OR RACE *Colard* (17) AGE AT LAST BIRTHDAY *25*
 (Years)

(12) BIRTHPLACE *Bull Pond SC*

(18) BIRTHPLACE *Bull Pond SC*

(13) OCCUPATION *Farmer*

(19) OCCUPATION *Farmer*

(20) Number of children born to mother, including present birth *7*

(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* at M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Bella Soltan*

(24) State whether Physician or Midwife *midwife* (25) Address of Physician or Midwife *Allendale*

Given name added from a supplemental report

 Registrar

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

(27) Filed *Jan 16 1922* (28) *J. D. Reese*
 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 if child dies before the fifth month of pregnancy.

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FORM NO. 1, THIS OTHER, NO. 2, ETC., IN QUESTION 5,