

WRITE 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 1.

Form of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		No. for State Registrar Only	
County of <u>Allendale</u>		STATE OF SOUTH CAROLINA		5892	
Township of .....		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of .....		Registration District No. <u>4600</u>		Registered No. <u>21</u>	
or				(For use of Local Registrar)	
City of .....		(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 <u>Charles Gardner</u>					
If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>Feb. 4, 1923</u>	
To be answered only in case of Twin or Triplet					
FATHER			MOTHER		
(8) FULL NAME <u>George Williams</u>			(14) NAME BEFORE MARRIAGE <u>Josephine Gardner</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Allendale S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Allendale S.C.</u>		
(10) COLOR OR RACE <u>Negro</u>			(16) COLOR OR RACE <u>Negro</u>		
(11) AGE AT LAST BIRTHDAY <u>20</u>			(17) AGE AT LAST BIRTHDAY <u>13</u>		
(12) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>S.C.</u>		
(13) OCCUPATION <u>In Penitentiary</u>			(19) OCCUPATION <u>Cook</u>		
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</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>11 P.</u> M., on the date above stated.					
(23) (Signature) <u>Hannah M. Miller</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Physician or Midwife <u>Wint. Allendale S.C.</u>					
(26) Witness (Signature of Witness necessary only when question 23 is signed by mother) <u>F. H. Boyd</u>					
(27) Filed <u>Feb. 8, 1923</u> (28) <u>X. H. Boyd</u> 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.