

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 5.

McGaw, of Columbia.

(1) PLACE OF BIRTH

County of AikenTownship of Wards

OR

Inc. Town of

OR

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

40641

Registration District No. 9/4 Registered No. 1

(For use of Local Registrar)

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

(3) BOY OR GIRL?

girl

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

3

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

Nov 27 1922

FATHER.

(8) FULL NAME

Ben Franklin

(9) PRESENT POSTOFFICE OF FATHER

Monetta, S.C.

(10) COLOR OR RACE

negro

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

Aiken Co.

(13) OCCUPATION

farming

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

3

MOTHER.

(14) NAME BEFORE MARRIAGE

Sophia Gantt

(15) PRESENT POSTOFFICE OF MOTHER

Monetta, S.C.

(16) COLOR OR RACE

negro

(17) AGE AT LAST BIRTHDAY

(Years)

(18) BIRTHPLACE

Aiken Co.

(19) OCCUPATION

House-keeper

(21) Number of children of this mother now living, including present birth

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 10:00 P.M. on the date above stated. (Born alive or stillborn) (Hour & M. or P. M.)

(23) (Signature)

Willie Anne Turner

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

mid-wife Ridge Spring, S.C.

Given name added from a supplemental report

....., 191.....

..... Registrar

(26) Witness

Alida Gantt

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

(27) Filed

Jan 10 1923

(28)

H. C. Deuck

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.

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