

THIS IS A SUPPLEMENTARY BLANK FOR EACH CHILD, and mark the
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
 DEPARTMENT OF HEALTH, COLUMBIA, S. C.

CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <div style="font-size: 1.5em; font-weight: bold; margin-top: 5px;">90276</div>
(1) PLACE OF BIRTH County of <u>Hampton</u> Township of <u>Lawton</u> or Inc. Town of or City of (No. St.; Ward) <small>(If birth occurs in a hospital or other institution, give name of same instead of street and number.)</small>		Registration District No. <u>2401</u> Registered No. <u>98</u> <small>(For use of Local Registrar)</small>
(2) Full Name of Child <u>Maggie Garin</u>		If child is not yet named, make supplemental report as directed
(3) Is GIRL?	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>3</u>
		(6) Are Parents Married? <u>Yes</u>
		(7) DATE OF BIRTH <u>Dec. 6, 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.		MOTHER.
(8) FULL NAME <u>Isaac Garin</u>	(14) NAME BEFORE MARRIAGE <u>Angeline Taylor</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Hamlet S.C. R.F.D. #1</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Hamlet S.C. R.F.D. #1</u>	
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>34</u> <small>(Years)</small>	(17) AGE AT LAST BIRTHDAY <u>22</u> <small>(Years)</small>
(12) BIRTHPLACE <u>S.C.</u>	(18) BIRTHPLACE <u>S.C.</u>	
(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Farm help</u>	
(20) Number of children born to mother, including present birth <u>Three</u>	(21) Number of children of this mother now living, including present birth <u>Three</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*		
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>3 P.M.</u> on the date above stated. <small>(Born alive or stillborn) (Hour A. M. or P. M.)</small>		
(23) (Signature) <u>Clayton Deaton</u>		(25) Address of Physician or Midwife <u>Hamlet S.C. R.F.D. #1</u>
(24) State whether Physician or Midwife <u>Midwife</u>		
Given name added from a supplemental report 19 .. Registrar		(26) Witness <u>Geo. C. Richardson</u> <small>(Signature of Witness necessary only when question 23 is signed by mark)</small>
		(27) Filed <u>Dec. 16, 1916</u> (28) <u>Geo. C. Richardson</u> <small>Local Registrar.</small>
<small>*When there was no attending physician or midwife, then the father, householder, etc., should make the 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.</small>		