

RESERVED FOR BINDING.  
UNFADING INK—THIS IS A PERMANENT RECORD.  
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.

(1) PLACE OF BIRTH

County of Bainbridge  
Township of Woods Creek  
or  
Inc. Town of Clar. S.C.  
or  
City of Rt 72

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
**28959**

Registration District No. 567 Registered No. 21  
(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 Ralph Padgett

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept. 27, 1922</u> (Name) (Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Ralph F. Padgett</u>			(14) NAME BEFORE MARRIAGE <u>Maggie D. Hay</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Clar. S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Clar. S.C. Rt. 72</u>	
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>	
(11) AGE AT LAST BIRTHDAY <u>26</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>19</u> (Years)	
(12) BIRTHPLACE <u>Bainbridge Co., S.C.</u>			(18) BIRTHPLACE <u>Bainbridge Co. S.C.</u>	
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>Housewife</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 alive at 6 A. M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) L. C. Hartzog M.D.  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Clar. S.C.

Given name added from a supplemental report	(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
19 Registrar	(27) Filed <u>Oct 5</u> 1922 (28) <u>Mrs. Parker</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.

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