

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 M. 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.

DEPT. OF COLUMBIA, COLUMBIA, D. C.

(1) PLACE OF BIRTH

County of Lancaster
 Township of Lancaster
 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
35259

Registration District No. 7904 Registered No. 132
 (For use of Local Registrar)

(2) Full Name of Child Gladis Garrett

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

(3) BOY OR GIRL girl (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Oct. 9 1922
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Toy Garrett
 (9) PRESENT POSTOFFICE OF FATHER Lancaster, S.C. R. 1
 (10) COLOR OR RACE W.C. (11) AGE AT LAST BIRTHDAY 24 (Year)
 (12) BIRTHPLACE near Parkersdale, S.C.
 (13) OCCUPATION farmer
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Robert Johnson
 (15) PRESENT POSTOFFICE OF MOTHER Charlottesville, S.C.
 (16) COLOR OR RACE W.C. (17) AGE AT LAST BIRTHDAY 24 (Year)
 (18) BIRTHPLACE near Parkersdale, S.C.
 (19) OCCUPATION housekeeper
 (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 alive at 6 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) T. J. Johnson

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Lancaster, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) Oct 30 22

(27) Filed Oct 30 22 (28) 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.

*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.