

(1) PLACE OF BIRTH

County of Aiken
 Township of Windsor
 or
 Inc. Town of.....
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

No. 2683 — For State Registrar Only

Registration District No. 2.1.5 Registered No. 1
 (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 Thas Garrett If child is not yet named, make supplemental report as directed

(3) SEX OR CHILD girl (4) Type or one (5) Number to 1 (6) Age yr (7) DATE OF BIRTH sep 31 1923
 To be given only in case of Twins or Triplets (Month) (Day) (Year)

FATHER.

(8) FULL NAME Albert Garrett
 (9) PRESENT RESIDENCE OF FATHER Aiken
 (10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 44
 (12) BIRTHPLACE Aiken
 (13) OCCUPATION Farming
 (14) Number of children born to mother, including present birth

MOTHER.

(15) NAME BEFORE MARRIAGE Grillie Garrett
 (16) PRESENT RESIDENCE OF MOTHER Aiken
 (17) COLOR OR RACE colored (18) AGE AT LAST BIRTHDAY 41
 (19) BIRTHPLACE Aiken
 (20) OCCUPATION Farming
 (21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was 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 (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed Feb 15 1923 (28) O. R. Walker 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.