

WRITE PLAINLY. WITH 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 1.

(1) PLACE OF BIRTH

County of Aiken  
 Township of Tobacco  
 Inc. Town of.....  
 City of.....

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

No. 30737

Registration District No. 201... Registered No. 31...  
 (For use of Local Registrar)

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

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

(3) SEX OR Boy (4) Type Free (5) Number in 1 (6) Age yes (7) DATE OF BIRTH Oct. 21, 1923  
 To be answered only in case of Type or Triple

**FATHER.**  
 (8) FULL NAME Mr. Deben Rish  
 (9) PRESENT RESIDENCE OF FATHER Wagener, S.C.  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 29  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Farmer  
 (14) Number of children born to mother, including present birth 2

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Maggie Lee Garrison  
 (15) PRESENT RESIDENCE OF MOTHER Wagener, S.C.  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 27  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION Housewife  
 (20) Number of children of this mother now living, including present birth 2

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(21) I hereby certify that I attended the birth of this child, who was born alive... at 9:00 a.m. on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(22) (Signature) W. A. Whitlock, M.D.  
 (23) State whether Physician or Midwife Physician (24) Address of Physician or Midwife Richmond, Miss. S.C.

Given name added from a supplemental report

(25) Witness (Signature of witness necessary only when question 22 is signed by mark)

(26) Filed Oct. 20, 1923 (27) Wm. J. C. Connerly Local Registrar

When there is no attending physician or midwife, then the father, householder, etc., should make this return. If a child born dead, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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