

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
 N. 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 6.

(1) PLACE OF BIRTH
 County of Sumter
 Township of Madison
 or
 Inc. Town of.....
 or
 City of..... (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 4103 Registered No. 68
 (For use of Local Registrar)

(2) Full Name of Child Willie Garrett If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u> To be answered only in case of Twin or Triplet	(5) Number in order of birth <u>22</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Oct 16</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Stephen Garrett</u>	(14) NAME BEFORE MARRIAGE <u>Lizzie Parker</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Wedgfield</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Wedgfield</u>
(10) COLOR OR RACE <u>Col</u>	(11) AGE AT LAST BIRTHDAY <u>22</u>	(16) COLOR OR RACE <u>Col</u>	(17) AGE AT LAST BIRTHDAY <u>19</u>
(12) BIRTHPLACE <u>SC</u>		(18) BIRTHPLACE <u>SC</u>	
(13) OCCUPATION <u>Farm Laborer</u>		(19) OCCUPATION <u>Farm Laborer</u>	
(20) Number of children born to mother, including present birth <u>2</u>		(21) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was... Willie ... at... 5-8 ... M., on the date above stated. (How A. M. or P. M.)

(23) (Signature) Delia Taylor
 (24) State whether Physician or Midwife Midwife of Wedgfield

Given name added from a supplemental report

(25) Witness M L Parker
 (Signature of Witness necessary only when question 23 is signed by marks)
 Date Oct 17 16 Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report in a child's history even case. It must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

3
 2#2
 2#2
 M.
 M.
 2#2
 12