

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 1,
 McCaw, of Columbia.

(1) PLACE OF BIRTH

County of Hampden
 Township of Gifford
 Inc. Town of Gifford
 City of Gifford
 (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

4167

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

2) Full Name of Child Alberta Johnson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH 2 7 23
 To be answered only in case of twins or triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Albert Johnson
 (9) PRESENT POSTOFFICE OF FATHER Gifford SC
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 27
 (Years)
 (12) BIRTHPLACE Gifford SC
 (13) OCCUPATION Farming
 (14) Number of children born to mother, including present birth (two) 2

MOTHER.

(14) NAME BEFORE MARRIAGE Martha Washington
 (15) PRESENT POSTOFFICE OF MOTHER Gifford SC
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 26
 (Years)
 (18) BIRTHPLACE Gifford SC
 (19) OCCUPATION House Wife
 (20) Number of children of this mother now living, including present birth (two) 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) James Gifford
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness O. R. Parnell
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 2/10 1923 (28) H. E. Dickinson
 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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