

Form No. 1

(1) PLACE OF BIRTH

County of See No. 10
 Township of Spring Hill
 or
 Inc. Town of
 or
 City of Laurelton

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

File No.—For State Registrar Only
39203

Registration District No. 3006 Registered No. 70
 (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 Garner Stakes

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? one (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 30 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Buret Stakes
 (9) PRESENT POSTOFFICE OF FATHER Laurel S.C.
 (10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 47 (Years)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 11

MOTHER.

(14) NAME BEFORE MARRIAGE Minnie Green
 (15) PRESENT POSTOFFICE OF MOTHER Laurel S.C.
 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 39 (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION House wife
 (21) Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 9 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. H. Hedges

(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 23 is signed by mark)

(27) Filed Nov 20 1922 (28) J. J. Outlaw 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.

MARGIN RESERVED FOR BINDING.

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 ON PREVIOUS BLANK, No. 1, THE OTHER, No. 2, etc., in question 5.

DESIGN BY COLUMBIA, COLUMBIA, S. C.