

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
 IN 2-2-2-2 use of twins or triplets use a separate blank form each child, and mark the
 FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 1.

(1) PLACE OF BIRTH

County of Charleston

Township of

or
 Inc. Town of Gaffney S.C.

or
 City of

(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
3302

Registration District No. 10 a

Registered No. 33
 (For use of Local Registrar)

(No. 237 Mill)

(St.) (Ward)

(2) Full Name of Child Nobles Ratchford

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

(3) SEX OF CHILD Male (4) Twin or Triplet No (5) Number in order of birth (6) Age of Parent Married yes (7) DATE OF BIRTH Jan 17 23
 (Month of Month) (Day) (Year)

FATHER.

(8) FULL NAME Harry Ratchford

(9) PRESENT RESIDENCE OF FATHER Gaffney S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 25
 (Year)

(12) BIRTHPLACE Charleston S.C.

(13) OCCUPATION Laborer

(14) Number of children born to mother, including present birth 4

MOTHER.

(15) NAME BEFORE MARRIAGE Chas Foster

(16) PRESENT RESIDENCE OF MOTHER Gaffney S.C.

(17) COLOR OR RACE Negro (18) AGE AT LAST BIRTHDAY 25
 (Year)

(19) BIRTHPLACE Charleston S.C.

(20) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 10 a M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lipper Montgomery

(24) State whether, Physician or Midwife

(25) Address of Physician or Midwife Gaffney S.C.

Given name added from a supplement-
 al report

(26) Witness
 (Signature of Witness necessary only
 when question 23 is signed by mark)

(27) Filed Jan 10 23 (28) By F. Smith
 Registrar Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report.
 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.