

Form No. 1

(1) PLACE OF BIRTH

County of *Beaufort*Township of *Beaufort*or
Inc. Town ofor
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

77444

Registration District No. *24.00* Registered No. *18*

(For use of Local Registrar)

(2) Full Name of Child *J. L. A. Gardner* { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <i>Girl</i>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Aug 21</i> 191 <i>6</i>
To be answered only in case of Twins or Triplets			(Name of Month) (Day) (Year)	

FATHER.

(8) FULL NAME *Abel Gardner*(9) PRESENT POSTOFFICE OF FATHER *Gifford*(10) COLOR OR RACE *Negro* (11) AGE AT LAST BIRTHDAY *60* (Years)(12) BIRTHPLACE *W. H. A. S. S. S.*(13) OCCUPATION *Farmer*(20) Number of children born to mother, including present birth { *5* }

MOTHER.

(14) NAME BEFORE MARRIAGE *Rina Ferguson*(15) PRESENT POSTOFFICE OF MOTHER *Gifford*(16) COLOR OR RACE *Negro* (17) AGE AT LAST BIRTHDAY *30* (Years)(18) BIRTHPLACE *Beaufort*(19) OCCUPATION *Farm Housewife*(21) Number of children of this mother now living, including present birth { *5* }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *8 a.m.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Emma A. Gifford* *Gifford S. S.*(24) State whether Physician or Midwife (25) Address of Physician or Midwife *No. 10. S. S.*

Given name added from a supplemental report

....., 191.....

Registrar

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

(27) Filed *9.23* 191*6* (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.

MARGIN RESERVED FOR BINDING.

NOTE: WITH UNPAIDING INK—THIS IS A PERMANENT RECORD.

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 5.

Columbia.