

IN CASE OF TWIN OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc. in question 1.

(1) PLACE OF BIRTH		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		No. for this register only <div style="border: 1px solid black; padding: 5px; display: inline-block;">31424</div>
County of <u>Aiken</u>				
Township of <u>Whitman</u>				
Inc. Town of .....		Registration District No. <u>215</u>		
City of .....		Registered No. <u>62</u> (For use of Local Registrar)		
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. .... St. .... Ward)		
(2) Full Name of Child <u>Garry Youngblood</u>		If child is not yet named, make supplemental report as directed		
(3) SEX OR GEAR <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>11 2 23</u> (Name of Month) (Day) (Year)
<b>FATHER.</b>		<b>MOTHER.</b>		
(8) FULL NAME <u>Garry Youngblood</u>		(14) NAME BEFORE MARRIAGE <u>Georgia Waples</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>White Sand</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>White Sand</u>		
(10) COLOR OR RACE <u>Negro</u>		(11) AGE AT LAST BIRTHDAY <u>21</u>		(16) COLOR OR RACE <u>Negro</u>
(12) BIRTHPLACE <u>Barrenwell Co</u>		(17) AGE AT LAST BIRTHDAY <u>19</u>		
(13) OCCUPATION <u>Farmer</u>		(18) BIRTHPLACE <u>Barrenwell Co</u>		
(19) Number of children born to mother, including present birth <u>1</u>		(20) OCCUPATION <u>Farmer</u>		
(21) Number of children of this mother now living, including present birth <u>1</u>				
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE</b>				
(22) I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>4 P. M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)				
(23) (Signature) <u>Shirley Anderson</u>		(24) Address of Physician or Midwife <u>White Sand</u>		
(25) State whether Physician or Midwife <u>Midwife</u>				
Given name added from a supplemental report		(26) Witness .....		
..... 19 .....		(27) Filed <u>11-9-23</u> (28) <u>O. R. Waples</u> Local Registrar		
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.