

WRITE PLAINLY, WITH UNFADING INK—USE A SEPARATE BLANK FOR EACH CHILD, and mark the
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 2.

(1) PLACE OF BIRTH

County of Darlington S.C.
Township of Dryden S.C.
or
Inc. Town of
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

24196

Registration District No. 5-2 Registered No. 9
(For use of Local Registrar)

(2) Full Name of Child Garrett Fountain

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

(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1st (6) Are Parents Married Yes (7) DATE OF BIRTH August 10, 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME
(9) PRESENT POSTOFFICE OF FATHER
(10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE
(13) OCCUPATION
(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Emergency Fountain
(15) PRESENT POSTOFFICE OF MOTHER W. G. Bell S.C.
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY (Years) 15
(18) BIRTHPLACE SC
(19) OCCUPATION House girl
(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive 10:00 A. M. or P. M. on the date above stated.

(23) (Signature) Hasty Nicholson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife W. G. Bell S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Aug 16 23

(28) 19

(29) Local Registrar Hasty Nicholson

*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.