CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
800

(1) PLACE OF BIRTH
County of Chesterfield
Township of Court House
or
Inc. Town of ..... Registration District No. 126 Registered No. 8
(For use of Local Registrar)
or
City of ..... (No. ..... St.; ..... Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child ..... If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet? (To be answered only in event of twins or triplets)	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH—(Name of Month) (Day) (Year)
Girl			Yes	Jan 12 22

FATHER.

(8) FULL NAME Carey Fountain
(9) PRESENT POSTOFFICE OF FATHER Chesterfield S.C.
(10) COLOR OR RACE Negro
(11) AGE AT LAST BIRTHDAY 23 (Years)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth Three

MOTHER.

(14) NAME BEFORE MARRIAGE Lizzie Belle Bettis
(15) PRESENT POSTOFFICE OF MOTHER Chesterfield S.C.
(16) COLOR OR RACE Negro
(17) AGE AT LAST BIRTHDAY 21 (Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION Housewife
(22) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child who was born alive at 10.15 P. M. on the date above stated. (Born Alive or Stillborn) (Hour A. M. or P. M.)

(23) (Signature) Robt F Gardner
(24) State whether Physician or Midwife Phys.
(25) Address of Physician or Midwife Chesterfield S.C.

Given name added from a supplemental report ..... 191.....
..... Registrar

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

(27) Filed Feb 9 1922 (28) M. S. Wright 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.

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MARGIN RESERVED FOR BINDING.

DISTRICT OF Columbia. FIRST-BORN, No. 1; THIRD OTHERS, No. 2, etc., in order of birth.

MAKE A PERMANENT RECORD. THIS IS A SEPARATE STATE CERTIFICATE OF BIRTH. IF TWINS OR TRIPLETS, BE SURE TO GIVE NAMES IN ORDER OF BIRTH.