

Form No. 1

(1) PLACE OF BIRTH

County of Beaufort
 Township of St. Helena
 Inc. Town of _____
 or _____
 City of _____

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 604

File No.—For State Registrar Only

10106

Registered No. 59
(For use of Local Registrar)

(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 Annie Gadsden

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

1. BOY OR GIRL Girl 4. Twin or Triplet? _____ 5. Number in order of birth _____ 6. Are Parents Married? Yes 7. DATE OF BIRTH April 28, 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

8. FULL NAME Charles Gadsden
 9. PRESENT POSTOFFICE OF FATHER Frogmore SC
 10. COLOR OR RACE Negro 11. AGE AT LAST BIRTHDAY 26 (Years)
 12. BIRTHPLACE South Carolina
 13. OCCUPATION Farmer

MOTHER.

14. NAME BEFORE MARRIAGE Melvina Cole
 15. PRESENT POSTOFFICE OF MOTHER Frogmore SC
 16. COLOR OR RACE Negro 17. AGE AT LAST BIRTHDAY 22 (Years)
 18. BIRTHPLACE South Carolina
 19. OCCUPATION Farmer

20. Number of children born to mother, including present birth 3 21. Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 6:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Olivia Summons x Frogmore SC
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness J. T. Shuman (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 4/30 1922 (28) J. T. Shuman 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.