

(1) PLACE OF BIRTH

County of Worcester
 Township of 1st
 or
 Inc. Town of.....
 or
 City of Worcester
 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

18745

Registration District No. 127ARegistered No. 318
(For use of Local Registrar)(No. 538 Platt St.; 5-11 Ward)

(2) Full Name of Child

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

(3) BOY OR GIRL Boy (4) Twin or Triplet ☒ (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH June 30, 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Walter Thomas Gault(9) PRESENT POSTOFFICE OF FATHER Worcester, S.C.
538 Platt St.(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 32
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Merchant(20) Number of children born to mother, including present birth 7

MOTHER

(14) NAME BEFORE MARRIAGE Agnes Velma Smith(15) PRESENT POSTOFFICE OF MOTHER Same(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 29
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) C. E. Smith(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Worcester, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed July 7, 1922(28) C. E. Smith 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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