

(1) PLACE OF BIRTH

County of FairfieldTownship of #3or
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthFile No. - For State Registrar Only
3730Registration District No. 1902Registered No. 4
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Ernest Gunthorpe

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

3. BOY OR GIRL

Boy(4) Twin or Triplet
To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married yes

(7) DATE OF

BIRTH Feb 23
(Name of Month (Day) (Year)

FATHER.

8. FULL NAME

Ernest Gunthorpe

9. PRESENT POSTOFFICE OF FATHER

Blackstock, P. 4

10. COLOR OR RACE

(11) AGE AT LAST BIRTHDAY don't know
(Year)

12. BIRTHPLACE

13. OCCUPATION

Farmer

20. Number of children born to mother, including present birth

7

MOTHER.

(14) NAME BEFORE MARRIAGE

Sarah Gayden

(15) PRESENT POSTOFFICE OF MOTHER

Blackstock, P. 4

(16) COLOR OR RACE

black(17) AGE AT LAST BIRTHDAY don't know
(Year)

(18) BIRTHPLACE

Fairfield S.

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether

Physician or Midwife

(25) Address of Physician or Midwife

MidwifeBlackstock, P. 4

(26) Witness

(signature of witness necessary only when question 22 is signed by mark)

Feb 26 23Mrs L. F. Weister

(27) Subd

(28)

Given name added from a statement and report

When there was no child born, then the father, householder, etc., should make this report. If a child is born, the report should be made within the month of pregnancy.