

Form No. 3

## (1) PLACE OF BIRTH

County of Union  
 Township of Baganville  
 or  
 Inc. Town of Buffalo  
 or  
 City of .....

# CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health

File No. — For State Registrar Only  
**19393**

Registration District No. 4803

Registered No. 73  
 (For use of Local Registrar)

(2) Full Name of Child JAMES ARTHUR GIST (No. .... St. .... Ward) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(3) SEX OF CHILD Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH June 16, 1923 (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME John Gist  
 (9) PRESENT POSTOFFICE OF FATHER Buffalo S.C.  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 30 (Year)  
 (12) BIRTHPLACE Union S.C.  
 (13) OCCUPATION Public Work  
 (14) Number of children born to mother, including present birth 1

MOTHER.  
 (14) NAME BEFORE MARRIAGE Una Duncan  
 (15) PRESENT POSTOFFICE OF MOTHER Buffalo S.C.  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 24 (Year)  
 (18) BIRTHPLACE Union S.C.  
 (19) OCCUPATION Domestic  
 (20) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 6:00 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) Alfred (23) Address of Physician or Midwife Buffalo S.C.  
 (24) State whether Midwife

Given name of John from a supplement-  
 to report  
M.B. Howard  
7/14/23 19  
 Registrar

(25) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
 (26) Filed July 12, 1923 (27) 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.