

IF TWIN OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN. No. 1. FILE WHEN, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Greenville
 Township of Greenville
 or
 Inc. Town of _____
 or

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

File No.—For State Registrar Only

9446

Registration District No. 14308

Registered No. 25
 (For use of Local Registrar)

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 Irish M. Gandy

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

(3) BOY OR GIRL? boy (4) Twin or Triplet? L (5) Number in order of birth L (6) Are Parents Married? Y (7) DATE OF BIRTH MAY 22 1922
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Wm. M. Gandy
 (9) PRESENT POSTOFFICE OF FATHER Greenville S.C.
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 39 (Year)
 (12) BIRTHPLACE Washington
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 19

MOTHER.
 (14) NAME BEFORE MARRIAGE Ann M. Gandy
 (15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 32 (Year)
 (18) BIRTHPLACE Washington
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 16

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 9 P. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. R. M. Gandy
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Greenville

Given name added from a supplemental report.

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

(27) Filed May 22 1922 (28) B. E. Gandy 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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