

Form No. 1

(1) PLACE OF BIRTH

County of CharlestonTownship of Charleston

Inc. Town of

City of

(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

Registration District No. 901

File No. - For State Registrar Only

9644

Registered No. 37
(For use of Local Registrar)

(2) Full Name of Child

Robert G. Gabley

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplets <u>one</u> To be answered only in case of Twin or Triplets	(5) Number in order of birth	(6) Sex <u>Male</u>	(7) DATE OF BIRTH <u>Feb 15 23</u> (Month of Birth) (Day) (Year)
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FATHER		MOTHER	
(8) FULL NAME <u>Willy G. Gabley</u>	(14) NAME BEFORE MARRIAGE <u>Roother Pinkney</u>	(9) PRESENT RESIDENCE OF FATHER <u>1111 Pleasant</u>	(15) PRESENT RESIDENCE OF MOTHER <u>1111 Pleasant</u>
(10) COLOR OR RACE <u>Negro</u>	(16) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>23</u>	(17) AGE AT LAST BIRTHDAY <u>23</u>
(12) BIRTHPLACE <u>Charleston S.C.</u>	(18) BIRTHPLACE <u>Charleston S.C.</u>	(13) OCCUPATION <u>Teacher</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 2:30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Louisa Kirk(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife 1111 Pleasant

(Given name added from a supplemental report)

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Signed Feb 28 1923(28) L. E. Louch19
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should report if a child breathes even once. It must not be reported as stillborn. No report is required before the fifth month of pregnancy.