

IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

(1) PLACE OF BIRTH

County of S.C.

Township of

Inc. Town of

City of Charleston, S.C.

(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. 9 A Registered No. 1008
(For use of Local Registrar)

(2) Full Name of Child Gardiner People

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

(3) SEX OR CHILD girl (4) Type or Trade one (5) Number in order of birth one (6) Are Parents Married yes (7) DATE OF BIRTH Nov. 10th, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Blarance People

(9) PRESENT RESIDENCE OF FATHER Charleston, S.C.

(10) COLOR OR RACE Colord (11) AGE AT LAST BIRTHDAY 32
(Year)

(12) BIRTHPLACE Wilmington, S.C.

(13) OCCUPATION Laborer

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Loyall

(15) PRESENT RESIDENCE OF MOTHER Charleston, S.C.

(16) COLOR OR RACE Colord (17) AGE AT LAST BIRTHDAY 24
(Year)

(18) BIRTHPLACE Mount Holly, S.C.

(19) OCCUPATION General House Work

(20) Number of children born to mother, including present birth Four (21) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 12:15 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Susan Anderson

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 13. Drews Alley

Given name added from a supplemental report

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

(27) Filed 11/19 1923 (28) Local Registrar

*When there was no attending physician or midwife, then the father, household, etc., should make this report. 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.