

(1) PLACE OF BIRTH

County of S. C. LataTownship of 5

or

Inc. Town of

or

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 Thomas F. Gester

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 22, 1922 (Name of Month) (Day) (Year)

To be answered only in case of Twin or Triplet

FATHER.

(8) FULL NAME Thomas Butler(9) PRESENT POSTOFFICE OF FATHER Chippell(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 34 (Year)(12) BIRTHPLACE I. O.(13) OCCUPATION Farming(14) NAME BEFORE MARRIAGE Bora Gundy(15) PRESENT POSTOFFICE OF MOTHER Chippell(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 32 (Year)(18) BIRTHPLACE S. C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 8(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

on the date above stated.

(23) (Signature) Missie Simmons Smith(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Chippell

Given name added from a supplemental report

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

(27) Filed Apr. 15, 1922 (28) D. J. Gester 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.