CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only: 2740

(1) PLACE OF BIRTH

County of York

Township of .....
or
Inc. Town of .....
or
City of Rock Hill

Registration District No. 44B Registered No. 9
(For use of Local Registrar)

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH 1/30/22 19..... (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Robert F. Gardner.

(9) PRESENT POSTOFFICE OF FATHER Rock Hill

(10) COLOR OR RACE W

(11) AGE AT LAST BIRTHDAY 25 (Years)

(12) BIRTHPLACE Cherokee Co.

(13) OCCUPATION Mill-work

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Effie Fleham.

(15) PRESENT POSTOFFICE OF MOTHER Rock Hill S.C.

(16) COLOR OR RACE W.

(17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE Graham Co N.C.

(19) OCCUPATION —

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11:45 A.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) W Frank Clark M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report .....
..... 19.....
Registrar

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

(27) Filed 2/21 1922 (28) J K Mills
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.

PRINT—SOUTH CAROLINA, No. 1, THE OTHER, No. 2, etc., in question 5. ARABIC BLANK FOR EACH CHILD, and mark "Twin" or "Triplet" in question 4.
Seal of Columbia, Columbia, S. C.