

Form No. 1

(1) PLACE OF BIRTH

County of YorkTownship of Richwood

Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of name instead of street and number.)

(2) Full Name of Child Louise Gaston

File No. - For State Registrar Only

8872

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4401Registered No. 16
(For use of Local Registrar)

St.; Ward)

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

(3) SEX OF CHILD <u>girl</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>9/27/23</u> (Name of Month) (Day) (Year)
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FATHER

(8) FULL NAME Louise Gaston

(9) PRESENT POSTOFFICE OF FATHER Rock Hill

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 29 (Year)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farm work

(14) Number of children born to mother, including present birth 6

MOTHER

(14) NAME BEFORE MARRIAGE Russie Gaston

(15) PRESENT POSTOFFICE OF MOTHER Rock Hill

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 28 (Year)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Farm work

(20) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) E. L. Humphreys(24) State whether Physician or Midwife midwife

(25) Address of Physician or Midwife

Give name added from a supplemental report

(26) Witness

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

(27) Filed 3/14 19 23

(28)

Registrar

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