

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—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 5.

(1) PLACE OF BIRTH

County of Kershaw
 Township of Highway
 or
 Inc. TOWN of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
35080

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

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

(2) Full Name of Child Alfonso Gamble If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 4 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME M. M. G. G. G. G.
 (9) PRESENT POSTOFFICE OF FATHER Blaney D.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 21
 (Year)
 (12) BIRTHPLACE Flat farmer
 (13) OCCUPATION Farm Hand
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Mary D. G. G.
 (15) PRESENT POSTOFFICE OF MOTHER Blaney D.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21
 (Year)
 (18) BIRTHPLACE Farmerville
 (19) OCCUPATION Housewife
 (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 Wednesday 6 P. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Hattie Fortune
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
 (26) Witness Hattie Fortune
 (Signature of Witness necessary only when question 22 is signed by mark)
 (27) Filed Oct 3 1922 Mia H. D. G. G. 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.