

Form No. 1

(1) PLACE OF BIRTH

County of Georgetown

Township of

or

Inc. Town of

or

City of Georgetown

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

(2) Full Name of Child

(3) BOY OR GIRL Girl

(4) Twin or Triplet

To be answered only in event of Twin or Triplet

(5) Number in order of birth 11th(6) Are Parents Married? yes

(7) DATE OF

BIRTH

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

Jan 23rd 1923
(Time of Month) (Day) (Year)

FATHER.

(8) FULL NAME

JAMES EDWARD GARDNER

(9) PRESENT POSTOFFICE OF FATHER

Georgetown - S. C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

45
(Years)

(12) BIRTHPLACE

Jamesville N. C.

(13) OCCUPATION

Saw Mill Foreman

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

11

MOTHER.

(15) NAME BEFORE MARRIAGE

ANNE ELIZABETH GUNCKLIN

(16) PRESENT POSTOFFICE OF MOTHER

Georgetown - S. C.

(17) COLOR OR RACE

White

(18) AGE AT LAST BIRTHDAY

41
(Years)

(19) BIRTHPLACE

Georgetown - S. C.

(20) OCCUPATION

House Keeping

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

9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed

1923

(28)

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.