

(1) PLACE OF BIRTH

County of LynchburgTownship of Keokukor
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

2696

Registration District No. 4302 Registered No. 6

(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 Mathew Gardner

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 Jan 13 22

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

James Gardner

(9) PRESENT POSTOFFICE OF FATHER

Kingsree S.C.

(10) COLOR OR RACE

negro

(11) AGE AT LAST BIRTHDAY

38
(Years)

(12) BIRTHPLACE

Blarankore Co.

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Miley Burpers

(15) PRESENT POSTOFFICE OF MOTHER

Kingsree

(16) COLOR OR RACE

negro

(17) AGE AT LAST BIRTHDAY

35
(Years)

(18) BIRTHPLACE

Wmsburg Co.

(19) OCCUPATION

Housekeeper

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

17

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

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 8 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Charlotte Burpers

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

midwifeKingsree

Given name added from a supplemental report

(26) Witness

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

(27) Filed Jan. 19 1922(28) B. E. Tolson 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.

THIS IS A PRELIMINARY REPORT. 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.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.