

(1) PLACE OF BIRTH

County of DarlingtonTownship of Society HillOR
Inc. Town ofOR
City of

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

(2) Full Name of Child Henry GaskinsFile No. — For State Registrar Only
42033Registration District No. 15.10 Registered No. 92
(For use of Local Registrar)(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH: Dec 9 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Henry Gaskins(9) PRESENT POSTOFFICE OF FATHER Society Hill(10) COLOR OR RACE Negro AGE AT LAST BIRTHDAY 38
(Years)(11) BIRTHPLACE S.C.(12) OCCUPATION Farmer(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Eliza Williamson(15) PRESENT POSTOFFICE OF MOTHER Society Hill(16) COLOR OR RACE Negro AGE AT LAST BIRTHDAY 34
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Born alive at S.C. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Hannah Moore(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Society Hill

Given name added from a supplemental report

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19 23 Registrar(26) Witness (Signature of Witness necessary only when question 23 is signed by mother) Jan H. 23 (27) Local Registrar. Eliza Williamson

*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.