

(1) PLACE OF BIRTH

County of MarionTownship of Marionor
Inc. Town of Marionor
City of Marion

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

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

43601

Registration District No. 32ARegistered No. 127
(For use of Local Registrar)

(2) Full Name of Child

Helen Biddell Gardner

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

(3) BOY OR GIRL? Girl(4) Twin or Triplet? No
To be answered only in event of Twins or Triplets(5) Number in order of birth 1(6) Are Parents Married? Yes(7) DATE OF BIRTH Dec. 1, 1922
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME TH. Maurice Gardner(9) PRESENT POSTOFFICE OF FATHER Marion, S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 36
(Years)(12) BIRTHPLACE Burgess S.C.(13) OCCUPATION Labourer(20) Number of children born to mother, including present birth 2

MOTHER

(14) NAME BEFORE MARRIAGE Lucinda Forester(15) PRESENT POSTOFFICE OF MOTHER Marion S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 23
(Years)(18) BIRTHPLACE Murrell's Inlet 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 Marion S.C. M.,
on the date above stated. (Born alive or stillborn), (Hour A. M. or P. M.)(23) (Signature) Ella Ware(24) State Whether Physician or Midwife Midwife(25) Address of Physician or Midwife Marion S.C.

Given name added from a supplemental report

(26) Witness Jan. 10, 1923 Local Registrar

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

(27) Local Registrar(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.