

(1) PLACE OF BIRTH

County of Greenville
 Township of Laurin
 OF
 Inc. Town of
 OF
 City of

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

File No.—For State Registrar Only

7130

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 James Knight Gault

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 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Feb 18 1923
 To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME J. T. Gault
 (9) PRESENT POSTOFFICE OF FATHER Laurin S.C. R. 2
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 17
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE immie Knight
 (15) PRESENT POSTOFFICE OF MOTHER Laurin S.C. R. 2
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 18
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION House
 (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 alive at 9:20 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. T. Gault
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Laurin S.C.

Given name added from a supplemental report

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

(27) Filed (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.

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