

## (1) PLACE OF BIRTH

County of LancasterTownship of Wills CreekInc. Town of \_\_\_\_\_  
or \_\_\_\_\_City of \_\_\_\_\_ (No. \_\_\_\_\_)  
(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

35142

Registration District No. 2804 Registered No. 178

(For use of Local Registrar)

## 2) Full Name of Child

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

(1) BOY OR GIRL? Boy(4) Twin or Triplet? one(3) Number in order of birth 3  
(To be answered only in case of twin or triplet)(6) Are Parents Married? yes(7) DATE OF BIRTH Sept 25  
(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME Richard J. Gaslan(9) PRESENT POSTOFFICE OF FATHER Lancaster S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23  
(Years)(12) BIRTHPLACE Lancaster County S.C.(13) OCCUPATION bottom mill work(14) Number of children born to mother, including present birth Three (3)

## MOTHER

(14) NAME BEFORE MARRIAGE Marlene Bauer(15) PRESENT POSTOFFICE OF MOTHER Lancaster S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21  
(Years)(18) BIRTHPLACE Lancaster S.C.(19) OCCUPATION Home Work(21) Number of children of this mother now living, including present birth Three (3)

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 9:25 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. D. Simpson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Lancaster S.C.

Given name added from a supplemental report

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

(27) Filed Oct 1 22 (28) J. D. Simpson Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathed 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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