

## (1) PLACE OF BIRTH

County of RichlandTownship of Lower

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3813No. for State Registrar Only  
29990Registered No. 259  
(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 Rebecca Gadsden

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

(3) SEX OF CHILD Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married No (7) DATE OF BIRTH Feb 15 23  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

## MOTHER.

(14) NAME BEFORE MARRIAGE Lang Gadsden(15) PRESENT POSTOFFICE OF MOTHER Stephens P.O.(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 19(18) BIRTHPLACE P.O.

(19) OCCUPATION

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born at 9 P.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Rebecca X Gadsden(23) State whether Physician or Midwife midwife (24) Address of Physician or Midwife Stephens P.O.

Given name added from a supplemental report

(25) Witness Dr. J. N. Gadsden

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

(26) Filed 9/26/23 (27) Local Registrar19  
RegistrarWhen 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.