

(1) PLACE OF BIRTH

County of HamptonTownship of GwynneOR
Inc. Town of SurrayOR
City of

(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. 52539 Registrar Only

52539

Registration District No. 2400 Registered No. 19

(For use of Local Registrar)

(2) Full Name of Child Elizabeth Mary Gifford

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? Yes (7) DATE OF BIRTH Mar. 4 1926
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME H. E. Gifford(9) PRESENT POSTOFFICE OF FATHER Gifford, S. C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 53 (Years)(12) BIRTHPLACE Hampton Co(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Hellie Solomons(15) PRESENT POSTOFFICE OF MOTHER Gifford, S. C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 33 (Years)(18) BIRTHPLACE Hampton Co(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 1:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. C. Folk(24) State whether Physician or Midwife (25) Address of Physician or Midwife M. D. Brunson, S.C.

Given name added from a supplemental report

, 191....

Registrar

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

(27) Filed Mar. 8, 1926 (28) Mrs. W. D. Vincent 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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