

(1) PLACE OF BIRTH

County of Greenville

Township of

or

Inc. Town of

or

City of Greenville

(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

4290

Registration District No. 22A Registered No. 99

(For use of Local Registrar)

No. 4153 St. Paul Place (Ward)(2) Full Name of Child Roy Gosnell

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

(3) BOY OR GIRL Boy(4) Twin or Triplet? X

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF

BIRTH 2-23-22 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Tom Gosnell(9) PRESENT POSTOFFICE OF FATHER D.C.(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 38 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Lab(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Jane Ward(15) PRESENT POSTOFFICE OF MOTHER City(16) COLOR OR RACE W(17) AGE AT LAST BIRTHDAY 25 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 2:20 P.M. on the date above stated. (Born alive or stillborn) (Hour, M., or P. M.)(23) (Signature) W. J. Moore

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed Mar 9 22

(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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