

(1) PLACE OF BIRTH

County of CalhounTownship of Orangeor
Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Haris Juanita GaultFile No.—For State Registrar Only
29669CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 1303Registered No. 30
(For use of Local Registrar)

(No. St.; Ward)

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? ☒ (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Mar 8 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME David Edwin Gault(9) PRESENT POSTOFFICE OF FATHER Turbinville SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35
(Years)(12) BIRTHPLACE SC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Mary M. Keeney(15) PRESENT POSTOFFICE OF MOTHER Turbinville SC(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31
(Years)(18) BIRTHPLACE SC(19) OCCUPATION Housewife(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 Amelia at 1 P.M.
(Born alive or stillborn) (Hour A. M. or P.M.)
on the date above stated.(23) (Signature) B. R. Gault
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Turbinville

Given name added from a supplemental report

(26) Witness Signature of Witness necessary only when question 23 is signed by mark(27) File Sept 16 1922 (28) Turbinville 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.