

THIS IS A PRELIMINARY REPORT. WITH UNPAID, THIS IS A PRELIMINARY REPORT. IN CASE OF TWIN OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

(1) PLACE OF BIRTH

County of Allendale
 Township of 1st
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

No. 31442

Registration District No. 4600

Registered No. 118
 (For use of Local Registrar)

(2) Full Name of Child Jessie A. Gadsden (If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD Boy (4) Type of Triplet To be answered only in case of Twins or Triplets (5) Age of Child at Birth 1 yr (6) DATE OF BIRTH Mar 6 1923 (Name of Month) (Day) (Year)

FATHER.
 (7) FULL NAME Cludge Gadsden
 (8) PRESENT RESIDENCE OF FATHER Allendale S.C.
 (9) COLOR OR RACE Negro (10) AGE AT LAST BIRTHDAY 45 (Year)
 (11) BIRTHPLACE Farmer - S.C.
 (12) OCCUPATION Farmer
 (13) Number of children born to mother, including present birth 11

MOTHER.
 (14) NAME OF MOTHER Mary Bradley
 (15) PRESENT RESIDENCE OF MOTHER Allendale S.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 34 (Year)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Farmer - S.C.
 (20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.
 (21) I hereby certify that I attended the birth of this child, who was..... at..... M., on the date above stated. (Physician or Midwife) (Hour A. M. or P. M.)

(22) (Signature) Isella S. Bradley (23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife Allendale S.C.

Given name added from a supplemental report

(25) Witness F. H. Boyd, Jr. (Signature of Witness necessary only when question 23 is signed by mother)
 (26) Filed Mar 9 1923 (27) F. H. Boyd, Jr. Local Registrar.

When made out by attending physician or midwife, this the father, householder, etc., should make this return. If a child is born even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.