

INDEPENDENT RECORD
FOR EACH CHILD, and mark the
in question 8

(1) PLACE OF BIRTH

County of Sumter
Township of Stateburg
or
Inc. Town of.....
or
City of

CERTIFICATE OF BIRTH

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

File 1

23 048087

SOUTH CAROLINA

Registration District No. 4.119 Registered No. 423
(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 Bartholem Gaddis

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

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 3 19 23
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Horea Gaddis

(9) PRESENT POSTOFFICE OF FATHER Hubert. S.C.

COLOR col (11) AGE AT LAST BIRTHDAY 23
(Years)

PLACE S.C.

ATION James

of children born to including present birth 1

MOTHER.
(14) NAME BEFORE MARRIAGE Laura Gaddis

(15) PRESENT POSTOFFICE OF MOTHER Hubert. S.C.

(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 22
(Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION farmer laborer

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 8.4 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Horea Gaddis

(24) State whether father (25) Address of Physician or Midwife Hubert. S.C.

added from a supplemental report

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

19 23 Registrar

(27) Filed Aug. 23 19 23 (28) Ben Sanders Local Registrar.

was no attending physician or midwife, then the father, householder, etc., should make this return. breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

AFFIDAVIT NEXT FRAME

1824