

(1) PLACE OF BIRTH

County of Seaford
 Township of II
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

35410

Registration District No. 3109Registered No. 110
(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 Gula Hazel Dooly

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

3. SEX OR GIRLS girl 4. Twin or Triplet To be answered only in event of Twins or Triplets 5. Age Parents Married yes 6. DATE OF BIRTH Sept 7, 1922
 (Month) (Day) (Year)

FATHER.

7. FULL NAME Newton Dooly
 8. PRESENT POSTOFFICE OF FATHER Seaford N.C.
 9. COLOR OR RACE white 10. AGE AT LAST BIRTHDAY 33
 11. BIRTHPLACE N.C.
 12. OCCUPATION Farmer

MOTHER.

13. NAME BEFORE MARRIAGE Pearline Faye
 14. PRESENT POSTOFFICE OF MOTHER Seaford N.C.
 15. COLOR OR RACE white 16. AGE AT LAST BIRTHDAY 24
 17. BIRTHPLACE Seaf. Co.
 18. OCCUPATION Domestic

19. Number of children born to mother, including present birth 4 20. Number of children of the mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at 12:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(22) (Signature) W.F. Roberts M.D.(23) State whether Physician or Midwife M.D. (24) Address of Physician or Midwife Seaford N.C.

Given name added from a supplemental report

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

(26) Filed Nov 9, 1922 (27) Mrs. C.B. Taylor 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.