

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of Dpthg.

(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

No. 1-For this year

5186

Registration District No. 40-As Registered No. 62

(For use of Local Registrar)

(No. 150 Birch St.; Ward)(2) Full Name of Child Rubus Leon Gist If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>yes</u>	(4) Twin or Triplet <u>no</u>	(5) Number in order of birth	(6) Sex <u>no</u>	(7) DATE OF BIRTH <u>7-13-13</u>
To be answered only in case of Twin or Triplet				(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME J.C. Gist(9) PRESENT RESIDENCE OF FATHER Dpthg.(10) COLOR colored (11) AGE AT LAST BIRTHDAY 23 (Year)(12) BIRTHPLACE Drayman S.C.(13) OCCUPATION Drayman(14) Number of children born to mother, including present birth 13

MOTHER.

(14) NAME BEFORE MARRIAGE Eunnie Ware(15) PRESENT RESIDENCE OF MOTHER Dpthg.(16) COLOR colored (17) AGE AT LAST BIRTHDAY 22 (Year)(18) BIRTHPLACE Clinton S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was Darrah Smith at P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(22) (Signature) Darrah Smith Cemetery St.(23) State whether Physician or Midwife mid wife (24) Address of Physician or Midwife

Given name added from a supplemental report

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

(26) Filed 3-1-23 Registrar

When there was no attending physician or midwife, then the father, householder, etc. must sign.

If a child breathes even once, it must not be reported as stillborn.

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