

(1) PLACE OF BIRTH

County of Spaulding
Township of Cherokee
or
City of

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

File No. - for this birth only
19183

Registration District No. 10223 Registered No. 42
(For use of Local Registrar)

City of (No. Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child J. W. Gault If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH (Month) June (Day) 27 (Year) 1923

FATHER. (14) NAME BEFORE MARRIAGE Maggie Galtman

(15) PRESENT POSTOFFICE OF FATHER Spaulding SC R2

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 34 (Years)

(18) BIRTHPLACE SC

(19) OCCUPATION Domestic

(20) Number of children of this mother now living, including present birth 13

(21) I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) (Hour A. M. or P. M.)

(22) on the date above stated.

(23) (Signature) W. L. Egell

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Spaulding SC R2

Given name added from a supplemental report

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

(27) Filed Jan 1923 (28) W. W. Painter Local Registrar.

19 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.