

## (1) PLACE OF BIRTH

County of Colleton  
 Township of Lowndes  
 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

29767

Registration District No. 1407Registered No. ....  
(For use of Local Registrar)

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

(2) Full Name of Child Geneve Gabb

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 Apr 1 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Raymond Gabb(9) PRESENT POSTOFFICE OF FATHER Green Pond Hb.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 22  
(Years)(12) BIRTHPLACE Col Co Hb.(13) OCCUPATION Saw mill hand(20) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Lona Hudson(15) PRESENT POSTOFFICE OF MOTHER Green Pond Hb.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 20  
(Years)(18) BIRTHPLACE Col Co Hb.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 3 P.M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Wiley Mitchell(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Green Pond Hb.

Given name added from a supplemental report

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

(27) Filed Sept 5 1922 (28) B. G. Huggins 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.