(1) PLACE OF BIRTH

County of Colleton

Township of Blake

or

Inc. Town of

or

City of (No. St.) Ward)

(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

File No.—For State Registrar Only
901

Registration District No. 1402 Registered No.
(For use of Local Registrar)

(2) Full Name of Child Christopher Gadson

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? (To be answered only in event of twins or triplets)

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH (Month) Jan. (Day) 18, (Year) 22

FATHER

(8) FULL NAME Charley Gadson

(9) PRESENT POSTOFFICE OF FATHER Green Pond S.C.

(10) COLOR OR RACE Negro

(11) AGE AT LAST BIRTHDAY 18 (Years)

(12) BIRTHPLACE Col Co S.C.

(13) OCCUPATION Saw mill laborer

(30) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Jane White

(15) PRESENT POSTOFFICE OF MOTHER Green Pond S.C.

(16) COLOR OR RACE Negro

(17) AGE AT LAST BIRTHDAY 18 (Years)

(18) BIRTHPLACE Col Co S.C.

(19) OCCUPATION Housewife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 7 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sue Gadson

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Green Pond S.C.

Given name added from a supplemental report ..... 191....

..... Registrar

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

(27) Filed Jan 27 1922 (28) B. F. 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.

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