

(1) PLACE OF BIRTH

County of AikenTownship of McLairor
Inc. Town of.....

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

36040

Registration District No. 208 Registered No. 20

(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL

girl

(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

Nov. 10, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Arthur Gann

(9) PRESENT POSTOFFICE OF FATHER

Earle S C

(10) COLOR OR RACE

white(11) AGE AT LAST BIRTHDAY 3
(Years)

(12) BIRTHPLACE

Aiken Co

(13) OCCUPATION

Trainer

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

5

MOTHER.

(14) NAME BEFORE MARRIAGE

Cora Jelcoat

(15) PRESENT POSTOFFICE OF MOTHER

Earle S C

(16) COLOR OR RACE

white(17) AGE AT LAST BIRTHDAY 24
(Years)

(18) BIRTHPLACE

Aiken Co

(19) OCCUPATION

Housewife

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

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was.... Alive..... at 8 A.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Julia Ross

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Earle S C

Given name added from a supplemental report

(26) Witness

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

(27) Filed 12/8 1922(28) J. C. Jones

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.