

(1) PLACE OF BIRTH

County of Greenville
 Township of Antler
 or
 Inc. Town of
 or
 City of (No. St. Ward)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

3991

Registration District No. 2200 Registered No. 24
 (For use of Local Registrar)

(2) Full Name of Child Metta Gault (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (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 Feb 15 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Peter Gault
 (9) PRESENT POSTOFFICE OF FATHER Mauldin S.C.
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 28 (Year)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farming

MOTHER.

(14) NAME BEFORE MARRIAGE Belle Gault
 (15) PRESENT POSTOFFICE OF MOTHER Mauldin
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 24 (Year)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION House work
 (20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature) Henr. W. W. W. (23) Address of Physician or Midwife
 (24) State whether Physician or Midwife Midwife Mauldin

Given name added from a supplemental report

(25) Witness L. R. G. G. G. (Signature of Witness necessary only when question 23 is signed by mark)

(26) Filed March 10 1922 (27) L. R. G. G. G. Local Registrar

When filed by an attending physician or midwife, then the father, householder, etc., should make this return. If a child is born even later, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.