

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Paelet
 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

32291

Registration District No. 4006Registered No. 131
(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

Marydell Gault

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 9-14-22
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME

N. W. Gault

9) PRESENT POSTOFFICE OF FATHER

Paelet, S.C.

10) COLOR OR RACE

White(11) AGE AT LAST BIRTHDAY 38
(Years)

12) BIRTHPLACE

S.C.

13) OCCUPATION

Builder

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

4

MOTHER.

(14) NAME BEFORE MARRIAGE

Ollie Mae Gault

(15) PRESENT POSTOFFICE OF MOTHER

Paelet, S.C.

(16) COLOR OR RACE

White(17) AGE AT LAST BIRTHDAY 25
(Years)

(18) BIRTHPLACE

S.C.

(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 alone at 5 P. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

N. L. Gault

(25) Address of Physician or Midwife

Paelet, 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

Oct. 1, 1922(28) M. W. Brown
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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