

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Henry
 Township of Galvin
 or
 Inc. Town of
 or
 City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

(3) BOY OR GIRL

Girl(4) Twin or Triplet? ☒

To be answered only in case of Twin or Triplet

(5) Number in order of birth 1(6) Age Parents Married 10(7) DATE OF BIRTH Sept 28 1922
 (Name of Month) (Day) (Year)

MOTHER.

(8) FULL NAME

E. G. Gaud

(9) PRESENT POSTOFFICE OF FATHER

Ayrton S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

(Year)

(12) BIRTHPLACE

(13) OCCUPATION

Farming

(14) NAME BEFORE MARRIAGE

Blanche Jerrothe Scoggin

(15) PRESENT POSTOFFICE OF MOTHER

Galvin S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

16
(Year)

(18) BIRTHPLACE

Ayrton, Ga.

(19) OCCUPATION

Farm work

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

19221922192219221922192219221922192219221922

19

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.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

34940

Registration District No. 2505Registered No. 911
(For use of Local Registrar)

(No. St. Ward)

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