

(1) PLACE OF BIRTH

County CharlestonTownship of Charleston

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

Registration District No. 1708No. 17479Registered No. 17

(For use of Local Registrar)

(2) Full Name of Child

John T. Gatz

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

(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Sex Male (7) DATE OF BIRTH June 16, 1923

FATHER. MOTHER.

(8) FULL NAME Wm. Gatz (9) NAME BEFORE MARRIAGE Wm. Gatz(10) PRESENT POSTOFFICE OF FATHER John T. Gatz (11) PRESENT POSTOFFICE OF MOTHER John T. Gatz(12) COLOR OR RACE White (13) AGE AT LAST BIRTHDAY 33 (14) COLOR OR RACE White (15) AGE AT LAST BIRTHDAY 33(16) BIRTHPLACE Charleston, S.C. (17) BIRTHPLACE Charleston, S.C.(18) OCCUPATION Farmer (19) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1st 2nd (21) Number of children of this mother now living, including present birth 2

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) Edward P. Gatz (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Charleston, 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 JUN 30 1923 ED. P. GATZ 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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