

(1) PLACE OF BIRTH

County of SanchezTownship of Georgeor
Inc. Town ofor
City of

(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

46062

Registration District No. 1703 Registered No. 11

(For use of Local Registrar)

(2) Full Name of Child Boby Gant

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

| | | | | |
|--|-------------------------------------|---|--|-------------------|
| (1) SEX OR GIRL? | (4) Twin or Triplet? | (3) Number in order of birth | (6) Are Parents Married? | (7) DATE OF BIRTH |
| | | <u>8</u> | <u>yes</u> | <u>Jan 6</u> |
| (Name of Month) (Day) (Year) | | | | |
| FATHER. | | | MOTHER. | |
| (8) FULL NAME <u>ab Gant</u> | | | (14) NAME BEFORE MARRIAGE <u>Emma Rhodes</u> | |
| (9) PRESENT POSTOFFICE OF FATHER <u>St George</u> | | | (15) PRESENT POSTOFFICE OF MOTHER <u>St George</u> | |
| (10) COLOR OR RACE <u>negs</u> | (11) AGE AT LAST BIRTHDAY <u>45</u> | (16) COLOR OR RACE <u>negs</u> | (17) AGE AT LAST BIRTHDAY <u>38</u> | |
| (12) BIRTHPLACE <u>St George</u> | | (18) BIRTHPLACE <u>St George</u> | | |
| (13) OCCUPATION <u>farmer</u> | | (19) OCCUPATION <u>House Wife</u> | | |
| (20) Number of children born to mother, including present birth <u>8</u> | | (21) Number of children of this mother now living, including present birth <u>5th</u> | | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 10 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Dr. J. H. Johnston

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

When report is made, it must be supplemented by report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Jan 9 1914 (28) B. S. Appleby Local Registrar

When report is made, it must be supplemented by report of attending physician or midwife, then the father, householder, etc., should make this return. If no report is made, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.