

## (1) PLACE OF BIRTH

County of Gaunville

Township of .....

Inc. Town of .....

City of Gaunville

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

## (2) Full Name of Child

2. BOY OR GIRL

Boy

3. Twin or Triplet

To be answered only in case of Twin or Triplet

5. Number in order of birth

6. Are Parents Married

Yes

7. DATE OF BIRTH

Feb 19, 1923

MOTHER

(14) NAME BEFORE MARRIAGE

Sarah Barker

(15) PRESENT POSTOFFICE OF MOTHER

Gaunville, SC.

(16) COLOR OR RACE

White

17. AGE AT LAST BIRTHDAY

18

(18) BIRTHPLACE

SC.

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

1

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Boy

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SC.

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

1

8. FULL NAME

Constance L. Gaundrum

9. PRESENT POSTOFFICE OF FATHER

U. S. Navy

10. COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

28

12. BIRTHPLACE

Ga.

13. OCCUPATION

 Sailor

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 born alive at 12:50 AM on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Gaunville, SC.

Given name added from a supplementary report

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

Feb 20, 1923

(27) Legal Registrar

C. E. Smith

When there was no attending physician or midwife, the mother, father, etc., should make this return. If a child breathed even once, it should be reported as a birth, and no report is desired of stillbirths.