

Form No. 1

## (1) PLACE OF BIRTH

County of Greenville  
 Township of Valencia  
 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.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

4438

Registration District No. 2215Registered No. 2  
 (For use of Local Registrar)St. ..... Ward .....If child is not yet named, make  
 supplemental report as directed

## (2) Full Name of Child

Jax Gassell Jr.  
 (No. ....  
 To be answered only in event of Twins or Triplets)

Boy(4) Twin  
 or Triplet?(5) Number in  
 order of birth(6) Are  
 Parents  
 Married?

(7) DATE OF

BIRTH Feb 14 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
 NAME Jax Gassell(9) PRESENT  
 POSTOFFICE  
 OF FATHER Tigerville(10) COLOR  
 OR  
 RACE white(12) BIRTHPLACE Greenville Co(13) OCCUPATION Furnace(20) Number of children born to  
 mother, including present birth 3

## MOTHER.

(14) NAME BEFORE  
 MARRIAGE Lizzie Dill(15) PRESENT  
 POSTOFFICE  
 OF MOTHER Tigerville Sc(16) COLOR  
 OR  
 RACE white(18) BIRTHPLACE Greenville Co(19) OCCUPATION Hired wife(21) Number of children of this mother  
 now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 3 A.M.  
 on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) No one present but the Father (25) Address of Physician or Midwife

(24) State whether Physician or Midwife

Given name added from a supplemen-  
 tal report(26) Witness ..... (Signature of Witness necessary only  
 when question 23 is signed by mark)(27) Filed Feb 28 1922 (28) Local RegistrarWhen 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.