

(1) PLACE OF BIRTH

County of: Charleston

Township of:

or
Inc. Town of:or
City of: Charleston

(If birth occurs in an 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

88719

Registration District No:

Registered No: 11400

(For use of Local Registrar)

Hospital: Hopewell HospitalSt: 6 Ward:(2) Full Name of Child: Edison Mary Gasking

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

(3) SEX: Girl
GIRL(4) Twin or Triplet? None(5) Number in order of birth: 35(6) Are Parents Married? Yes(7) DATE OF BIRTH: Dec 6, 1908
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME: Clifford Jost Gasking(9) PRESENT POSTOFFICE OF FATHER: Charleston Navy Yard(10) COLOR OR RACE: White(11) AGE AT LAST BIRTHDAY: 35 (Years)(12) BIRTHPLACE: Cincinnati O.(13) OCCUPATION: Electrician(14) Number of children born to mother, including present birth: 5

MOTHER.

(14) NAME BEFORE MARRIAGE: Edith Cecile Hogan(15) PRESENT POSTOFFICE OF MOTHER: Charleston Navy Yard(16) COLOR OR RACE: White(17) AGE AT LAST BIRTHDAY: 29 (Years)(18) BIRTHPLACE: New Orleans, La.(19) OCCUPATION: Housewife(20) Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Alive at 11/30 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(22) (Signature) J. M. Gasking(23) State whether Physician or Midwife: Physician(24) Address of Physician or Midwife: Charleston, S.C.

Given name added from a supplemental report

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Registrar

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

(27) Filed 12/16/08 (28) J. M. Gasking Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If 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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