

(1) PLACE OF BIRTH

County of York
 Township of
 or
 Inc. Town of York
 or
 City of

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

(2) Full Name of Child Robert Earl Gumm3) BOY OR GIRL Boy

4) Twin or Triplet?

5) Number in order of birth

6) Are Parents Married? Yes

7) DATE OF BIRTH

Sept 14 1922
 (Month) (Day) (Year)

FATHER.

8) FULL NAME

Robert Earl Gumm

9) PRESENT POSTOFFICE OF FATHER

Beale

10) COLOR OR RACE

White

11) AGE AT LAST BIRTHDAY

34
(Year)

12) BIRTHPLACE

York Co

13) OCCUPATION

20) Number of children born to mother, including present birth

1

MOTHER.

14) NAME BEFORE MARRIAGE

Lucia Reed Ewert

15) PRESENT POSTOFFICE OF MOTHER

York Co

16) COLOR OR RACE

White

17) AGE AT LAST BIRTHDAY

25
(Year)

18) BIRTHPLACE

Sancaster SC

19) OCCUPATION

House 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 at 10 A. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether

(Physician or Midwife)

(25) Address of Physician or Midwife

(If name added from a supplemental report)

(26) Witness

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

(27) Filed

Oct 9 1922(28) 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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CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

32602

Registration District No. Registered No.
 (For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child Robert Earl Gumm If child is not yet named, make supplemental report as directed

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