

(1) PLACE OF BIRTH
 County of Hartf...
 Township of or
 Inc. Town of (C. C. C. O. P.) or
 City of (If birth occurs in a hospital or other institution, give name of name instead of street and number.)

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

No. - for State Register Only
44625

Registration District No. 25A.

Registered No. 19
 (For use of Local Registrar)

St. Ward)

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

(2) Full Name of Child *Leigh Elizabeth Gossel*

(a) SEX OF CHILD <i>Gal</i>	(b) TYPE OF TWIN <i>Twin</i>	(c) NUMBER IN ORDER OF BIRTH <i>2nd</i>	(d) AGE OF CHILD <i>2 yrs</i>	(e) DATE OF BIRTH <i>Sept. 17, 1925</i>
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FATHER.

(1) FULL NAME <i>Ben Gossel</i>
(2) PRESENT RESIDENCE OF FATHER <i>Conway S.C.</i>
(3) COLOR OR RACE <i>BLK</i>
(4) BIRTHPLACE <i>Harvey Co.</i>
(5) OCCUPATION <i>Neg labor</i>

(6) Number of children born to mother, including present birth *7*

(1) FULL NAME OF MOTHER <i>Veronica Fisher</i>
(2) PRESENT RESIDENCE OF MOTHER <i>Conway S.C.</i>
(3) COLOR OR RACE <i>BLK</i>
(4) BIRTHPLACE <i>Harvey Co.</i>
(5) OCCUPATION <i>-</i>

(6) Number of children of this mother now living, including present birth *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(28) I hereby certify that I attended the birth of this child, who was *alive* (Born alive or stillborn) (Mark A. or P.M.) on the date above stated.

(29) (Signature) <i>E. L. Fisher</i>	(30) Address of Physician or Midwife <i>1611 E. Main St., Conway, S.C.</i>
(31) State whether Physician or Midwife <i>Physician</i>	(32) Address of Physician or Midwife <i>1611 E. Main St., Conway, S.C.</i>

GIVEN NAME ADDED FROM A SUPPLEMENTAL REPORT

(33) WITNESS (Signature of Witness necessary only when question 28 is signed by parent)

18
Registrar

(34) DATED *Sept. 21, 1925* (35) LOCAL REGISTRAR *L.E. Miller, Jr.*

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.