

(1) PLACE OF BIRTH

County of Lexington, S.C.Township of Gilbert Stationor
Inc. Town ofor
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

Registration District No. 3107

File No. — For State Registrar Only

35405 77

Registered No. 77
(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? — (5) Number in order of birth 7 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept. 22
(Name of Month) (Day) (Year)FATHER. (8) FULL NAME John Cape MOTHER. (14) NAME BEFORE MARRIAGE Mathie Champ(9) PRESENT POSTOFFICE OF FATHER Gilbert S.C. (15) PRESENT POSTOFFICE OF MOTHER Gilbert S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 37 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 31
(Years) (Years)(12) BIRTHPLACE S.C. (18) BIRTHPLACE S.C.(13) OCCUPATION Farming (19) OCCUPATION House wife(20) Number of children born to mother, including present birth Seven (21) Number of children of this mother now living, including present birth Seven

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Allege at 10 o'clock A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) B. A. Smith Jr. D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Gilbert S.C.

Given name added from a supplemental report

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

(27) Filed 19 (28) B. C. Shady 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.

Registrar Local Registrar

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