

(1) PLACE OF BIRTH

County of Aiken
 Township of Tabernacle

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics
 State Board of Health

File No.—for State Registrar Only

9020

Inc. Town of Registration District No. 201 Registered No. 11
 or (For use of Local Registrar)

City of (No. M. W.)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Harold Gantt If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 31 1928
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Christopher Gantt

(9) PRESENT POSTOFFICE OF FATHER Springfield S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 22 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farm Laborer

(14) Number of children born to mother, including present birth

MOTHER.

(14) NAME BEFORE MARRIAGE Ella Thompson

(15) PRESENT POSTOFFICE OF MOTHER Springfield S.C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 19 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housewife

(20) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(23) (Signature) Chas. T. Williams

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Springfield S.C.

(26) Witness H. A. Whitlock
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Apr. 27, 1928 (28) L. C. Crutcher
 Registrar 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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