

FILE No.—For State Registrar Only
22452-0

State of North Carolina
District No. 3806 Registered No.
(For use of Local Registrar)

St.: Ward)

Full Name of Child SUSIE MAE GAYDEN (If child is not yet named, make supplemental report as directed.)

Sex of Child GIRL 5. Number in order of birth 6. Are Parents Married? Yes 7. DATE OF BIRTH July 16, 1923 (Name of Month) (Day) (Year)

Full Name of Mother CORNELIA HALL

Present Postoffice of Father EASTON, A.C. 15. PRESENT POSTOFFICE OF MOTHER EASTON, A.C.

Color or Race of Child Colored 16. COLOR OR RACE Colored 17. AGE AT LAST BIRTHDAY 43 (Years)

Birthplace of Child RICHLAND COUNTY 18. BIRTHPLACE Richland County

Occupation of Child Farmer 19. OCCUPATION Housekeeper

Number of children now living, including present birth 8 21. Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was born alive at 6 A.M. (Hour A.M. or P.M.) on the date above stated. (Born alive or stillborn)

Signature of Physician or Midwife 23. Signature 24. State whether Physician or Midwife 25. Address of Physician or Midwife

Witness 26. Witness 27. Filed 28. Registered

Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. No report is desired of stillbirths before the fifth month of pregnancy.