

(1) PLACE OF BIRTH

County of Greenville

Township of

or

Inc. Town of

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 Baby Gilbert3) BOY Boy4) Twin or Triplet? —5) Number in order of birth —6) Are Parents Married? Yes7) DATE OF BIRTH June 18, 1922

(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME John Gilbert9) PRESENT POSTOFFICE OF FATHER #12 Gola St. West Greenville10) COLOR OR RACE W11) AGE AT LAST BIRTHDAY 32

(Years)

12) BIRTHPLACE S.C.13) OCCUPATION Carpenter20) Number of children born to mother, including present birth 1

MOTHER.

14) NAME BEFORE MARRIAGE Alma Lindsey15) PRESENT POSTOFFICE OF MOTHER 12 Gola St. West Greenville16) COLOR OR RACE W17) AGE AT LAST BIRTHDAY 31

(Years)

18) BIRTHPLACE Boncombe Co. N.C.19) OCCUPATION Housewife21) 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 Born alive at 11 A.M.on the date above stated. Archie E. Watson

(23) (Signature)

(24) State whether Physician(25) Address of Physician or Midwife Greenville, S.C.

Given name added from a supplemental report

(26) Witness Wm. M. McCall(27) Filed June 18, 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

18863

Registered No. 715
(For use of Local Registrar)(No. 12 Gola St.; Ward)

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

To be answered only in case of Twins or Triplets

FATHER.

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