

(1) PLACE OF BIRTH

County of Florence

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.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

18596

Registration District No. 2005 Registered No. 36

(No. R.M. Little St. Pack Ward)

(2) Full Name of Child

J. Ann Gethis

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

3. BOY OR GIRL girl 4. Twin or Triplet? single 5. Number in order of birth 1 6. Are Parents Married? Yes 7. DATE OF BIRTH June 17, 1922
(Name of Month) (Day) (Year)

FATHER.

8. FULL NAME Frank Gethis

9. PRESENT POSTOFFICE OF FATHER Florence SC.

10. COLOR OR RACE Color 11. AGE AT LAST BIRTHDAY 45 (Years)

12. BIRTHPLACE Farming

13. OCCUPATION Farming

MOTHER.

14. NAME BEFORE MARRIAGE Ethel Geddis

15. PRESENT POSTOFFICE OF MOTHER Florence SC

16. COLOR OR RACE Color 17. AGE AT LAST BIRTHDAY 33 (Years)

18. BIRTHPLACE Farming

19. OCCUPATION Farming

20. Number of children born to mother, including present birth 7

21. Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Ada Hyman Florence

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

Given name added from a supplemental report

(26) Witness Ella Marton

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

(27) Filed June 24, 1922 (28) C. C. Caputo 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.

NOTES: THIS FORM IS TO BE FILLED OUT BY THE REGISTRAR OR BY THE FATHER, HOUSEHOLDER, ETC., WHEN THERE IS NO ATTENDING PHYSICIAN OR MIDWIFE. IT IS TO BE FILED IN THE BUREAU OF VITAL STATISTICS, STATE BOARD OF HEALTH, COLUMBIA, S. C.