

(1) PLACE OF BIRTH

County of MecklenburgTownship of Bonnettville

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

5020

Registration District No. 3321Registered No. 12

(For use of Local Registrar)

(No. Kathryn Barnard)St.; Ward(2) Full Name of Child Oris Katharine Gaynes

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

(1) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>1 14 22</u> (Name of Month) (Day) (Year)
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To be answered only in case of Twin or Triplet

(8) FULL NAME <u>FATHER: Barnard</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Durham, N.C.</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>31</u> (Years)
(12) BIRTHPLACE <u>N.C.</u>	
(13) OCCUPATION <u>Teacher</u>	
(20) Number of children born to mother, including present birth <u>1 2</u>	

(14) NAME BEFORE MARRIAGE <u>Mrs. Kearney</u>	
(15) PRESENT POSTOFFICE OF MOTHER <u>Blue Hill, N.C.</u>	
(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>27</u> (Years)
(18) BIRTHPLACE <u>N.C.</u>	
(19) OCCUPATION <u>Housewife</u>	
(21) Number of children of this mother now living, including present birth <u>1 3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 1:45 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. R. R. R.

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

Physician Bonnettville, N.C.

Given name added from a supplemental report

4-141912M. B. Woodward, M.D.

Registrar

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

(27) Filed Feb 10 22 (28) Mrs. M. M. Tate 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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