

MARGIN RESERVED FOR BUNDLING.
 WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD
 N. B.—In case of TWINS OR TRIPLETS use SEPARATE BLANK FOR EACH CHILD, and mark the
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc, in question 1.

(1) PLACE OF BIRTH
 County of Charleston
 Township of St. C. St. M.
 or
 Inc. Town of
 City of Navy Yard (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (2) Full Name of Child James Leatrice Gore (If child is not yet named, make supplemental report as directed)

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
3517

Registered No. 40
 (For use of Local Registrar)
 Registration District No. 909

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Feb. 23, 1927</u> (Name of Month) (Day) (Year)
FATHER		MOTHER		
(8) FULL NAME <u>Joseph James Gore</u>		(14) NAME BEFORE MARRIAGE <u>James Louis Mundy</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Navy Yard Charleston S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Navy Yard S.C.</u>		
(10) COLOR OR RACE <u>White</u>		(17) AGE AT LAST BIRTHDAY <u>23</u> (Year)		
(12) BIRTHPLACE <u>Columbus Miss.</u>		(16) BIRTHPLACE <u>Gadsden Ala</u>		
(13) OCCUPATION <u>Shipfitter</u>		(18) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>1</u>		(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) H. H. Mundy
 (24) State whether Physician or Midwife
Physician Address of Physician or Midwife
Charleston S.C.

Given name added from a supplemental report
 (26) Witness (Signature of Witness necessary only when question 22 is signed by mother)
M. L. Myers
 (27) Filed Mar 6 1927 (28) L. T. Myers 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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