

MARGIN RESERVED FOR BINDING.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

OFFICE OF COLUMBIA, COLUMBIA, S. C.

## (1) PLACE OF BIRTH

County of Richland

Township of .....

OR

Inc. Town of .....

OR

City of Lykeeland S.C.

(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

36263

Registration District No. 3807 Registered No. ....  
(For use of Local Registrar)

(No. ....) Ward

## (2) Full Name of Child

Isabel

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

(3) BOY OR GIRL

Girl

(4) Twin or Triplet?

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF

BIRTH Oct 28 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

W. Craft Gunt

(9) PRESENT POSTOFFICE OF FATHER

Lykeeland S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

43  
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Barber

(20) Number of children born to mother, including present birth

4

## MOTHER.

(14) NAME BEFORE MARRIAGE

Willa May Warrall

(15) PRESENT POSTOFFICE OF MOTHER

Lykeeland S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

34  
(Years)

(18) BIRTHPLACE

N.C.

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 11:17 P.M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)Apr 8-8-47

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Richland S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Nov 101922

(28)

A.B. CAMPBELL

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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