

(1) PLACE OF BIRTH

County of Sumter

Township of Pilot

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 1a.—For State Registrar Only

22732

Registration District No. 4107

Registered No. 66
(For use of Local Registrar)

(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 Liabil Gardner

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

(3) SEX OF CHILD Girl (4) Twin or Triplet — (5) Number in order of birth — (6) Are Parents Married Yes (7) DATE OF BIRTH July 8, 1923
(Name of Month) (Day) (Year)

FATHER
(8) FULL NAME Willie Gardner
(9) PRESENT POSTOFFICE OF FATHER Planters Co.
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 42 (Years)
(12) BIRTHPLACE Sumter Co.
(13) OCCUPATION Farming
(14) Number of children born to mother, including present birth 7

MOTHER
(15) NAME BEFORE MARRIAGE Annie L. McElveen
(16) PRESENT POSTOFFICE OF MOTHER Planters Co.
(17) COLOR OR RACE Negro (18) AGE AT LAST BIRTHDAY 31 (Years)
(19) BIRTHPLACE Sumter Co.
(20) OCCUPATION Housework
(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 born at 8 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mattha Wilson (24) State whether Midwife (25) Address of Physician or Midwife Planters Co.

(Given name added from a supplemental report)

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

(27) Filed 7-24-23 by J. B. McElveen 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.