

(1) PLACE OF BIRTH

County of CharlestonTownship of Johns Island

Inc. Town of

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

Registration District No. 925

File No.—For State Registrar Only

3265

Registered No. 10
(For use of Local Registrar)(2) Full Name of Child Ann Guild

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

(3) SEX OF CHILD <u>Girl</u>	(4) Twin or Triplet <u>No</u> To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 25 1923</u> (Month of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>T. P. Gimball</u>			(9) NAME BEFORE MARRIAGE <u>Anna Guild</u>	
(10) PRESENT RESIDENCE OF FATHER <u>Johns Island</u>			(11) PRESENT RESIDENCE OF MOTHER <u>Johns Island</u>	
(12) COLOR OF SKIN <u>White</u>	(13) AGE AT LAST BIRTHDAY <u>34</u> (Years)	(14) COLOR OF SKIN <u>White</u>	(15) AGE AT LAST BIRTHDAY <u>37</u> (Years)	
(16) BIRTHPLACE <u>Johns Island</u>			(17) BIRTHPLACE <u>South Carolina</u>	
(18) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present one <u>Four</u>			(21) Number of children of this mother now living, including present one <u>Four</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 6 A. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. J. J. La Roche(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Johns Island

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Feb 5 1923(28) Mrs. E. H. Hills
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.