

(1) PLACE OF BIRTH

County of Greenville, S.C.

Township of

or

Inc. Town of

or

City of Greenville, 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

No. for State Register (No.)

28581

Registration District No. Registered No. 2209A

(For use of Local Registrar)

EMMA MOSS BOSTN. MEMORIAL HOSPITAL

(No.)

St. Ward)

(2) Full Name of Child Albert Cecil Gault If child is not yet named, make supplemental report as directed(3) SEX OF CHILD boy (4) Type or Triplet No (5) Number in order of birth 1st (6) Are Parents Married No (7) DATE OF BIRTH Sept. 12, 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME U. C. Crocker(9) PRESENT POSTOFFICE OF FATHER Unknown(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24 (Year)(12) BIRTHPLACE Cherokee, S.C.(13) OCCUPATION farm work(14) Number of children born to mother, including present birth 1st

MOTHER.

(14) NAME BEFORE MARRIAGE Florence Gault(15) PRESENT POSTOFFICE OF MOTHER Greenville, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Year)(18) BIRTHPLACE South Carolina(19) OCCUPATION seamstress(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 7:10 P. M., on the date above stated. (Normal live or stillborn) (Hour, P. M. or P. M.)(23) (Signature) J. T. Tucker

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(26) Given name added from a supplemental report

(26) Witness

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

(27) Signed Sept 15, 1923 (28) A. H. Mackey 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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