

(1) PLACE OF BIRTH

County of MarlboroTownship of Libertyor
Inc. Town ofor
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

File No.—For State Registrar Only

1992

Registration District No. 3304 Registered No. 21
(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL <u>Boy</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>Jan. 22, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME John M. Gail(9) PRESENT POSTOFFICE OF FATHER Clio - SE(10) COLOR OR RACE Cue (11) AGE AT LAST BIRTHDAY 40 (Years)(12) BIRTHPLACE SP(13) OCCUPATION Lanier(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Mag. Gail(15) PRESENT POSTOFFICE OF MOTHER Clio - SE(16) COLOR OR RACE Cue (17) AGE AT LAST BIRTHDAY 39 (Years)(18) BIRTHPLACE SE(19) OCCUPATION Labrer(21) 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 White 22 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Midwife Cornelius Smith

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Feb. 7, 1922 (28) H. H. W. Willey 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.