

MARGIN RESERVED FOR INDEXING.
 WRITE PLAINLY. EXAMINER'S INITIALS IN A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS, SIGN EACH CHILD, AND MARK THE
 FIRST-BORN. NO. 1 THIS OTHER NO. 2, etc. In question 6
 Mother or Children, Columns A, C

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Beech Springs
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

2462

Registration District No. 402 Registered No. 3
 (For use of Local Registrar)

(2) Full Name of Child Jandy Cleveland Gosnell

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Jan 11 1922
 To be answered only in case of Twins or Triplets (Specify Month) (Day) (Year)

FATHER

(8) FULL NAME Jandy C. Gosnell
 (9) PRESENT POSTOFFICE OF FATHER Sptg S.G. R3
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30
 (12) BIRTHPLACE Greenville Co. S.G.
 (13) OCCUPATION Farmer
 (14) Number of children born to mother, including present birth 1 2

MOTHER

(14) NAME BEFORE MARRIAGE Viola Beech McElrath
 (15) PRESENT POSTOFFICE OF MOTHER Sptg S.G. R3
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23
 (18) BIRTHPLACE Sptg C. S.G.
 (19) OCCUPATION Housewife
 (20) Number of children of this mother now living, including present birth 1 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 11 P. M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) W. J. Chapman
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Chamuse

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Jan 12 1922 (28) Ed. C. Cifers 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.