

(1) PLACE OF BIRTH

County of *Williamsburg*Township of *Kingstree*In Town of *Kingstree*City of *S. C.*

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthFile No. - For State Registrar Only
22847Registration District No. *4.3.1*Registered No. *31*
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *Eliza Thomasena Gupple* If child is not yet named, make supplemental report as directed(3) SEX OR GENDER *Girl* (4) Twin or Triplet? *—* (5) Number in order of birth *—* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *July 19, 1923*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Thomas Gupple*(9) PRESENT POSTOFFICE OF FATHER *Kingstree, S. C.*(10) COLOR OR RACE *Negro* (11) AGE AT LAST BIRTHDAY *33*
(Year)(12) BIRTHPLACE *Sumterville, S. C.*(13) OCCUPATION *Brickmason*(14) Number of children born to mother, including present birth *One*

MOTHER.

(14) NAME BEFORE MARRIAGE *Odell Wilson*(15) PRESENT POSTOFFICE OF MOTHER *Kingstree, S. C.*(16) COLOR OR RACE *Negro* (17) AGE AT LAST BIRTHDAY *23*
(Year)(18) BIRTHPLACE *Kingstree, S. C.*(19) OCCUPATION *Housework*(20) Number of children of this mother now living, including present birth *One*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was *alive* at *8:20* M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) *Maggie Riv-* (23) Address of Physician or Midwife *Kingstree, S. C.*
(24) State whether Physician or Midwife *Midwife*

Give name added from a supplemental report

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

(26) Filed *July 24, 1923* (27) *J. G. McEntee* 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.