

## (1) PLACE OF BIRTH

County of RichmondTownship of Harrison

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

No. for State Registrar Only

29820

Registration District No. 370Registered No. 76

(For use of Local Registrar)

(No. .... St. .... Ward)

(2) Full Name of Child Gaudel Mont Jr. If child is not yet named, make supplemental report as directed(3) SEX OR GENDER Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Sept 9, 1923

## FATHER

(8) FULL NAME Gaudel Mont(9) PRESENT POSTOFFICE OF FATHER Central R2 & C(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE SC(13) OCCUPATION Hammering(14) Number of children born to mother, including present birth 1

## MOTHER

(14) NAME BEFORE MARRIAGE Morris Finley(15) PRESENT POSTOFFICE OF MOTHER Central S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 17 (Years)(18) BIRTHPLACE SC(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

(Given name added from a supplemental report

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

(26) Filed 10/3/23 (27) 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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