

(1) PLACE OF BIRTH

County of ClaytonTownship of Midway

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

File No. — For State Registrar Only

24083

Registration District No. 1817 Registered No. 23
(For use of Local Registrar)(2) Full Name of Child Garrett E. Doran If child is not yet named, make supplemental report as directed(3) SEX OR GUILD Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug 20 23
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>M. Doran</u>	(14) NAME BEFORE MARRIAGE <u>Pauline Gibson</u>	(10) PRESENT POSTOFFICE OF FATHER <u>Fountain, S.C.</u>	(16) PRESENT POSTOFFICE OF MOTHER <u>Fountain, S.C.</u>
(9) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>34</u> (Years)	(12) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)
(13) BIRTHPLACE <u>S.C.</u>	(15) BIRTHPLACE <u>S.C.</u>	(18) OCCUPATION <u>Minister of Gospel</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>3</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 6 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Pauline Gibson (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Fountain, S.C.

Given name added from a supplemental report

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

(27) Filed Aug 28 19 23 (28) 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.