

(1) PLACE OF BIRTH

County of Flouma

Township of

Inc. Town of Flouma

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 20-A Registered No. 61

(For use of Local Registrar)

(No. St. Ward)

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

(2) Full Name of Child Emily Anne Gardiner If child is not yet named, make supplemental report as directed

(3) SEX OR CHILD <u>girl</u>	(4) Twin or Triplet <u>-</u> To be answered only in case of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>July 23</u> (Month of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Charles Eugene Gardiner</u>	(14) NAME BEFORE MARRIAGE <u>Ann Walker</u>	(15) PRESENT RESIDENCE OF FATHER <u>Flouma 3C</u>	(16) PRESENT RESIDENCE OF MOTHER <u>Flouma 3C</u>
(9) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>33</u> (Year)	(12) COLOR OR RACE <u>W</u>	(13) AGE AT LAST BIRTHDAY <u>33</u> (Year)
(10) BIRTHPLACE <u>Mo.</u>	(17) BIRTHPLACE <u>Mo.</u>	(18) OCCUPATION <u>paper man - for 7 days, newspaper</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to father, including present birth <u>3</u>	(21) Number of children of this mother now living, including present birth <u>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 11 M., on the date above stated. (Remaining or stillborn) (Hour, M. or P. M.)(23) (Signature) Dr. H. H. Howell
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Flouma 3C

Give name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Date July 23 (28) P. M. P. M. (29) Dr. H. H. Howell

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.