

## (1) PLACE OF BIRTH

County of Lexington

Township of .....

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

31181

Registration District No. 3104Registered No. 98

(For use of Local Registrar)

(2) Full Name of Child Clarence Earl Gable { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy

(4) Twin or triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH Sept. 16 1922

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

James Gable

(9) PRESENT POSTOFFICE OF FATHER

Lexington SC

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

26 (Years)

(12) BIRTHPLACE

Lex Co

(13) OCCUPATION

Mill operative

(14) Number of children born to mother, including present birth

3

## MOTHER.

(14) NAME BEFORE MARRIAGE

Annie Howard

(15) PRESENT POSTOFFICE OF MOTHER

Lexington SC

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

23 (Years)

(18) BIRTHPLACE

Lex Co

(19) OCCUPATION

Domestic

(20) Number of children of this mother now living, including present birth

3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 7 A M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature)

J. S. Mathias

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

PhysicianLexington SC

Given name added from a supplemental report

..... 101.....

.....

Registrar

(26) Witness

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

(27) Filed

Oct 9 1922

(28)

Mrs. C. E. Taylor

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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