

(1) PLACE OF BIRTH

County of CherokeeTownship of Gillsburg

OR

Inc. Town of

OR

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

36932

Registration District No. 203Registered No. 51

(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 Robert Hays Gunter

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

Nov 19 1922
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME R. G. Gunter(9) PRESENT POSTOFFICE OF FATHER Wagoner(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 38
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 11

MOTHER

(14) NAME BEFORE MARRIAGE Mattie Hall(15) PRESENT POSTOFFICE OF MOTHER Wagoner(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 36
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION House Wife(21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Martina Miller(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Wagoner

Given name added from a supplemental report

(26) Witness

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

(27) Filed Nov 27 1922

(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.