

(1) PLACE OF BIRTH

County of Charleston

Township of

or Inc. Town of

or City of

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

(2) Full Name of Child Ashley B. Gardner3) BOY OR GIRL Boy4) Twin or Triplet? No

To be answered only in event of Twins or Triplets

5) Number in order of birth 16) Are Parents Married? Yes7) DATE OF BIRTH May 15, 1922

Name of Month (Day) (Year)

FATHER.

8) FULL NAME Lucius Allen Gardner9) PRESENT POSTOFFICE OF FATHER City10) COLOR OR RACE White11) AGE AT LAST BIRTHDAY 40

(Years)

12) BIRTHPLACE Manning SC13) OCCUPATION Operator R.R.20) Number of children born to mother, including present birth 614) NAME BEFORE MARRIAGE Lucie E. Bartow15) PRESENT POSTOFFICE OF MOTHER City16) COLOR OR RACE White17) AGE AT LAST BIRTHDAY 37

(Years)

18) BIRTHPLACE City

19) OCCUPATION

21) Number of children of this mother now living, including present birth 5

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)

at 4:45 P.M.(23) (Signature) Leighton Mitchell(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife 84 Colleton St. W.

Given name added from a supplemental report

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

(27) Filed 6/6 19 22(28) Local Registrar J. M. Green

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.

Registrar

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthFile No.—For State Registrar Only
17814Registration District No. 9 ARegistered No. 781
(For use of Local Registrar)(No. 1143 King St.; Ward)

If child is not yet named, make supplemental report as directed