

(1) PLACE OF BIRTH

County of Anderson.....

Township of

or

Inc. Town of.....

or

City of Anderson, S.C.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

6356

Registration District No. 34

Registered No. 87
(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 Charles Taylor Gause Jr.

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 one

6) Are Parents Married? yes

7) DATE OF BIRTH March 5, 1922
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Charles Taylor Gause

9) PRESENT POSTOFFICE OF FATHER Atlanta, Ga.

10) COLOR OR RACE white

11) AGE AT LAST BIRTHDAY 27
(Years)

12) BIRTHPLACE

Augusta, Ga.

13) OCCUPATION

Traveling salesman

20) Number of children born to mother, including present birth

one

MOTHER.

14) NAME BEFORE MARRIAGE Alice Keys Fretwell

15) PRESENT POSTOFFICE OF MOTHER Atlanta, Ga.

16) COLOR OR RACE white

17) AGE AT LAST BIRTHDAY 30
(Years)

18) BIRTHPLACE

Anderson, S.C.

19) OCCUPATION

Domestic

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

one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 2 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E. S. Reed

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Anderson, S.C.

Given name added from a supplemental report

(26) Witness

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

F. B. CRAYTON,

(27) Filed March 8, 1922

(28)

ANDERSON, S.C.

*When there was no attending physician or midwife, then the father, householder, or any other person should make this return before the fifth month of pregnancy.

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