

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY. WITH INK. THIS IS A PERMANENT RECORD.
 IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 1.

(1) PLACE OF BIRTH

County of Hampton
 Township of Peeples
 OF
 Inc. Town of
 OF
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

4176

Registration District No. 2402 Registered No. 18
 (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 Glenn Louis Gault If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet 1 (5) Number in order of birth 3 (6) Are Parents Married yes (7) DATE OF BIRTH July 13, 23
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Leon Gault
 (9) PRESENT POSTOFFICE OF FATHER Hampton SC
 (10) COLOR OR RACE Cold (11) AGE AT LAST BIRTHDAY 27 (Year)
 (12) BIRTHPLACE H. Co., SC
 (13) OCCUPATION Laborer
 (14) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Isabella Mikel
 (15) PRESENT POSTOFFICE OF MOTHER Hampton SC
 (16) COLOR OR RACE Cold (17) AGE AT LAST BIRTHDAY 21 (Year)
 (18) BIRTHPLACE H. Co.
 (19) OCCUPATION House work
 (20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was alive at 10 A.M. on the date above stated.
 (born alive or stillborn) (Hour in A. or P. M.)

(22) (Signature) Maggie Smalls Midwife
 (23) State whether Physician or Midwife (24) Address of Physician or Midwife Hampton SC

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 21 is signed by mother)

(26) July 29, 23 (27) H. W. Boyer 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 be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.