

USE 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 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Fairfield</u>		STATE OF SOUTH CAROLINA		34302	
Township of <u>X 9</u>		Bureau of Vital Statistics			
Inc. Town of		State Board of Health			
City of		Registration District No. <u>11</u>		Registered No. <u>46</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. St.; Ward)		(For use of Local Registrar)	
(2) Full Name of Child <u>Ed Gunthorpe</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>-</u>	(5) Number in order of birth <u>11</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept 11 22</u>	
To be answered only in event of Twin or Triplets				(Name, Month, Day, Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Lee Gunthorpe</u>			(14) NAME BEFORE MARRIAGE <u>Lucinda Harvey</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Windsor L.C. R #4</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Windsor L.C. R #4</u>		
(10) COLOR OR RACE <u>Black</u>			(16) COLOR OR RACE <u>Black</u>		
(11) AGE AT LAST BIRTHDAY <u>47</u>			(17) AGE AT LAST BIRTHDAY <u>43</u>		
(12) BIRTHPLACE <u>Fairfield County</u>			(18) BIRTHPLACE <u>Fairfield County</u>		
(13) OCCUPATION <u>Laurel</u>			(19) OCCUPATION <u>Laurel</u>		
(20) Number of children born to mother, including present birth <u>Twelve</u>			(21) Number of children of this mother now living, including present birth <u>Eleven</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>11:15 A.M.</u> on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)					
(23) (Signature) <u>J. E. Douglas Jr M.D.</u>					
(24) State whether Physician or Midwife <u>Physician</u> Address of Physician or Midwife <u>Windsor L.C.</u>					
Given name added from a supplemental report			(25) Witness		
.....			(Signature of Witness necessary only when question 23 is signed by mark)		
..... 19			(26) Filed <u>Oct 10 1922</u> (28) <u>De Ruff</u>		
Registrar			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.					