

(1) PLACE OF BIRTH
County of *Adams*

Township of *Langley*

Inc. Town of *Langley*

City of *Langley*

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

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No. — For State Registrar Only
2695

Registration District No. *21.2.2* Registered No. *18*
(For use of Local Registrar)

(2) Full Name of Child *Gustinde Pettis* If child is not yet named, make supplemental report as directed

(3) SEX <i>Girl</i>	(4) Term of pregnancy <i>1</i>	(5) Number in order of birth <i>4</i>	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Aug 9 1923</i> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <i>George Pettis</i>	(14) NAME BEFORE MARRIAGE <i>Bertha? Mathew</i>			
(9) PRESENT POSTOFFICE OF FATHER <i>Langley SC</i>	(15) PRESENT POSTOFFICE OF MOTHER <i>Langley SC</i>			
(10) COLOR OR RACE <i>White</i>	(11) AGE AT LAST BIRTHDAY <i>36</i> (Years)	(16) COLOR OR RACE <i>White</i>	(17) AGE AT LAST BIRTHDAY <i>29</i> (Years)	
(12) BIRTHPLACE <i>Langley SC</i>	(18) BIRTHPLACE <i>Langley SC</i>			
(13) OCCUPATION <i>Farmer</i>	(19) OCCUPATION <i>Housewife</i>			
(20) Number of children born to mother, including present birth <i>Four</i>	(21) Number of children of this mother now living, including present birth <i>Four</i>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* on the date above stated.

(23) (Signature) *Anna Lockhart*
(24) State whether Physician or Midwife: *Midwife* (25) Address of Physician or Midwife: *Augusta Ga*

Given name added from a supplemental report

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

(27) Filed *Feb 19 1923* (28) *F. W. Spradley* 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.

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