

## (1) PLACE OF BIRTH

County of GreshamTownship of Buffaloor  
In. Town ofor  
City of

(If birth occurs in a hospital or other institution, give 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

41131

Registration District No. 2700Registered No. 152

(For use of Local Registrar)

Blk. 152 Ward 23

## (2) Full Name of Child

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

(1) BOY OR GIRL <u>Boy</u>	(4) Twin or triplet? <u>No</u> <small>To be answered only in case of twins or triplets</small>	(5) Number in order of birth <u>1</u>	(6) Age <u>1</u> <small>Months</small>	(7) DATE OF BIRTH <u>Dec 22, 1923</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Henry K. Gardner</u>			(14) NAME BEFORE MARRIAGE <u>Mita Young</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Gresham</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Westville</u>	
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>	
(11) AGE AT LAST BIRTHDAY <u>35</u> <small>(Years)</small>			(17) AGE AT LAST BIRTHDAY <u>34</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>SC</u>			(18) BIRTHPLACE <u>SC</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth <u>4</u>			(21) Number of children of this mother now living, including present birth <u>3</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) (Hour A. M. of P. M.) 8:30 P.M.  
on the date above stated.(23) (Signature) J. B. Turner, M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Gresham SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed

(28)

Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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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