

No. 7

(1) PLACE OF BIRTH
County of horry
Township of Falwell
or
Inc. Town of
or
City of

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

File No. - For State Registrar Only
35724

Registration District No. 1407 Registered No. 12
(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 Gerold Dean Longshore If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH sept 27 1922
(Name) (Month) (Day) (Year)

FATHER.
(8) FULL NAME Arthur Longshore
(9) PRESENT POSTOFFICE OF FATHER Silvestria
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 34
(12) BIRTHPLACE horry co
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 1

MOTHER.
(14) NAME BEFORE MARRIAGE Maud Tilgner
(15) PRESENT POSTOFFICE OF MOTHER Silvestria
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 31
(18) BIRTHPLACE horry co
(19) OCCUPATION House wife
(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.
(22) I hereby certify that I attended the birth of this child, who was white at 10 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) B. L. Mays (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife horry

Given name added from a supplemental report
(26) Witness (Signature of Witness necessary only when question 25 is signed by mark)
(27) Filled at 25 1922 (28) J. L. Longshore 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.