

PLACE OF BIRTH

County of Marion
Municipality of Reeves

City of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3705

File No. - For State Registrar Only

20200

Registered No. 75
(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.)

(1) Full Name of Child

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

3 SEX OF CHILD girl (4) Twin or Triplet — (5) Number in order of birth — (6) Age Parents Married 15 (7) DATE OF BIRTH July 19, 23
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Cardie A. Gagne(9) PRESENT POSTOFFICE OF FATHER Mullins SC(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 40
(Year)(12) BIRTHPLACE Marion County SC(13) OCCUPATION farmer(14) Number of children born to father, including present birth 10

MOTHER.

(15) NAME BEFORE MARRIAGE Jennie Price(16) PRESENT POSTOFFICE OF MOTHER Mullins SC(17) COLOR OR RACE W (18) AGE AT LAST BIRTHDAY 32
(Year)(19) BIRTHPLACE Marion County SC(20) OCCUPATION house work(21) Number of children of this mother now living, including present birth 7

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. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. H. Smith(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Mullins SC

Give name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 9/20/23 (28) J. H. Smith 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 stillborns before the fifth month of pregnancy.

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