

(1) PLACE OF BIRTH

County of Spartanburg
 Township of
 or
 the Town of
 or
 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 Register Only

22624

Registration District No. 4006 Registered No. 76
 (For use of Local Registrar)

St. Ward)

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

(2) Full Name of Child

(3) Sex on Birth Day
 Boy (4) Title or Trifles
 To be answered only in event of Twins or Triplets
 (5) Number in order of birth
 (6) Are Previous Children
 Yes (7) DATE OF
 BIRTH 7-7-1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Henry Gault
 (9) PRESENT POSTOFFICE OR PATERNSHIP Palolet S.C.
 (10) COLOR Col. (11) AGE AT LAST BIRTHDAY 20
 (12) RACE White (13) BIRTHPLACE S.C.

(14) OCCUPATION

Laborer

(20) Number of children born to mother, including present birth

MOTHER.

(14) NAME BEFORE MARRIAGE Lucy Smith
 (15) PRESENT POSTOFFICE OR PATERNSHIP OF MOTHER Palolet S.C.
 (16) COLOR Col. (17) AGE AT LAST BIRTHDAY 20
 (17) RACE White (18) BIRTHPLACE S.C.
 (19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at birth, and was stillborn (Sign A.M. or P.M.)
 on the date above stated.

(23) (Signature) M. L. Gault (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife 100 W. Main St., Spartanburg, S.C.

Given name added from a supplemental report

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

(27) Filed X-10-1923 (28) M.W. ... 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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