

PLACE OF BIRTH

County of Marion
City of Smithville
or
Town of.....
or

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

File No.—For State Registrar Only

39427

Registration District No. 3306... Registered No. 61.....
(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.)

Full Name of Child Ruth Gaulder

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

Are Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov. 11..... 1922
(Name of Month) (Day) (Year)

FATHER.

Full Name Lawrence E. Gaulder

Present Postoffice of Father Kellock, S.C.

Color or Race White (11) AGE AT LAST BIRTHDAY 36.....
(Year)

Birthplace S.C.

Occupation Mechanic

Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Brigman

(15) PRESENT POSTOFFICE OF MOTHER Kellock, S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22.....
(Year)

(18) BIRTHPLACE N.C.

(19) OCCUPATION House Work

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was..... at 12..... M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) I. S. Funderburk
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Sheraw, S.C.

Same added from a supplemental report

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

(27) Filed Nov. 15..... 1922. (28) W. 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 stillbirths before the fifth month of pregnancy.

Registrar Only

4
.....
(Year)

..... Ward)

ed, make directed

2
.....
(Year)

S.C.

.....
(Year)

S.C.

A. M.,
(or P. M.)

Midwife

ell S.C.

.....
Registrar.
Return.