(1) PLACE OF BIRTH

County of Saluda

Township of .....

or

Inc. 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 Registrar Only
32035

Registration District No. 3901 Registered No. 74
(For use of Local Registrar)

(No. ..... St.; ..... Ward)

(2) Full Name of Child Dorothy Gomillion

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH 6 (Name of Month) 14 (Day) 33 (Year)

FATHER.

(8) FULL NAME Louie Gomillion

(9) PRESENT POSTOFFICE OF FATHER Ridge Springs S.C.

(10) COLOR OR RACE Black

(11) AGE AT LAST BIRTHDAY 28 (Years)

(12) BIRTHPLACE Aiken Co., S.C.

(13) OCCUPATION Farm labor

(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Janie Watson

(15) PRESENT POSTOFFICE OF MOTHER Ridge Springs S.C.

(16) COLOR OR RACE Black

(17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE Saluda Co., S.C.

(19) OCCUPATION H.W. and farm labor

(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 6 a. M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. A. Brunson M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Ridge Springs

Given name added from a supplemental report

..... 191....

..... Registrar

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

(27) Filed Oct 10 1933 (28) F. W. Crouch
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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