

WRITE PLAINLY, WITH INK—THIS IS A PERMANENT RECORD  
 IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE  
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

**(1) PLACE OF BIRTH**  
 County of Aiken  
 Township of Waddy Swamp  
 OR  
 Inc. Town of .....  
 City of ..... (No. .... St.; .... Ward)  
 (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  
9658

Registered No. 26  
 (For use of Local Registrar)

Registration District No. 203

**(2) Full Name of Child** Clarence Luther If child is female, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 15 22</u> (Name of Month) (Day) (Year)
<b>FATHER.</b>			<b>MOTHER.</b>	
(8) FULL NAME <u>S. J. Ginter</u>			(14) NAME BEFORE MARRIAGE <u>Gertrude Starke</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Wagener</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Wagener S.C.</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>46</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>35</u> (Years)	
(12) BIRTHPLACE <u>Aiken Co</u>			(18) BIRTHPLACE <u>S.C.</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>House Wife</u>	
(20) Number of children born to mother, including present birth <u>19</u>			(21) Number of children of this mother now living, including present birth <u>19</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was alive on the date above stated. (If stillborn, state date and time of death.)

(23) (Signature)  
Dr. M. W. White

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife  
Wagener

Given name added from a supplemental report

(26) Witness  
Apr 30 1922

(27) Local Registrar  
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.

STATE OF SOUTH CAROLINA

COUNTY OF RICHLAND

PERSONALLY appeared before me Clarence Gunter who being duly sworn deposes and says: That upon examination of his birth record as found in the office of the Bureau of Vital Statistics, State Board of Health, being Number 9658, Vol. 12 of the 1922 birth records, he finds the certificate to be in error in that the date of birth is listed as February 15, 1922 whereas it should be January 16, 1922.

WHEREFORE, he respectfully requests that the above mentioned correction be made.

SWORN and subscribed to  
before me this 8th day of  
October, 1940.

Clarence Gunter

Julia Ralder  
Notary Public for S. C.

No. 1

(1)

Cour

Tow

Inc.

City

(2)

(3)

(6)

(7)

(10)

(12)

(13)

(20)

(23)

Gl

\*W

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
K. R.—in case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the  
FIRST-BORN, No. 1. THE OTHER, No. 2, etc, in question 8.

State of Columbia, Columbia, S. C.