

## (1) PLACE OF BIRTH

County of Willmings  
 Township of Jealous  
 or  
 Inc. Town of \_\_\_\_\_  
 or  
 City of \_\_\_\_\_

## CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

17071

Registration District No. 1304Registered No. 14  
(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.)

## (2) Full Name of Child

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? \_\_\_\_\_ (5) Number in order of birth \_\_\_\_\_ (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 12, 1922  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME Mitchel B. Gastus(9) PRESENT POSTOFFICE OF FATHER Hemphway P.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 30  
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 1

## MOTHER

(14) NAME BEFORE MARRIAGE Lena B. Rainier(15) PRESENT POSTOFFICE OF MOTHER Hemphway P.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 18  
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 12:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mrs L. G. Davis(24) State whether Physician or Midwife \_\_\_\_\_ (25) Address of Physician or Midwife Hemphway P.C.

Given name added from a supplemental report

(26) Witness M. B. Gastus  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 2-17-1922 (28) Local Registrar D. H. G.

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.