

Form No. 1

## (1) PLACE OF BIRTH

County of .....

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

35197

Registration District No. ....

Registered No. 129

(For use of Local Registrar)

(2) Full Name of Child Alvin Perry Gardner

St. .... Ward)

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF

BIRTH

Oct 20 1922

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Andrew F. Gardner

(9) PRESENT POSTOFFICE OF FATHER

Heath Springs S.C.

(10) COLOR OR RACE

White(11) AGE AT LAST BIRTHDAY 23  
(Years)

(12) BIRTHPLACE

Lancaster Co

(13) OCCUPATION

Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE

Margie Perry

(15) PRESENT POSTOFFICE OF MOTHER

Heath Springs S.C.

(16) COLOR OR RACE

White(17) AGE AT LAST BIRTHDAY 120  
(Years)

(18) BIRTHPLACE

Lancaster Co

(19) OCCUPATION

Domestic

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

One

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

One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at Heath Springs S.C. on the date above stated.

(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. E. B. Sullivan M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Heath Springs 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 Nov 19 1922(28) E. J. Harrison  
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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING 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.

McGAW OF COLUMBIA, COLUMBIA, S. C.