

## (1) PLACE OF BIRTH

County of Anderson

Township of .....

Inc. Town of .....

City of Anderson

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## (2) Full Name of Child

Ralph Gasaway

3) BOY OR GIRL <u>Boy</u>	4) Twin or Triplet To be answered only in event of Twin or Triplet	5) Number in order of birth	6) Are Parents Married? <u>yes</u>	DATE OF BIRTH <u>June 30 1973</u> (Name of Month) (Day) (Year)
------------------------------	---	-----------------------------	---------------------------------------	--

FATHER.		MOTHER.	
7) FULL NAME <u>Ralph Newell Gasaway</u>	14) NAME BEFORE MARRIAGE <u>Ida Giggins</u>	8) PRESENT POSTOFFICE OF FATHER <u>Anderson SC</u>	15) PRESENT POSTOFFICE OF MOTHER <u>Anderson SC</u>

9) PRESENT POSTOFFICE OF FATHER <u>Anderson SC</u>	10) COLOR OR RACE <u>W</u>	11) AGE AT LAST BIRTHDAY <u>24</u> (Year)	12) COLOR OR RACE <u>W</u>	13) AGE AT LAST BIRTHDAY <u>26</u> (Year)
---	-------------------------------	---	-------------------------------	---

12) BIRTHPLACE <u>Cobb Co.</u>	16) BIRTHPLACE <u>Ga</u>
-----------------------------------	-----------------------------

13) OCCUPATION <u>Textile</u>	17) OCCUPATION <u>domestic</u>
----------------------------------	-----------------------------------

20) Number of children born to mother, including present birth <u>1</u>	21) Number of children of this mother now living, including present birth <u>1</u>
--	---

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 9:30 A.M., on the date above stated. (Born alive or stillborn Hour M. or P. M.)

(23) (Signature) <u>R. B. Crayton</u>	(24) State whether Physician or Midwife <u>Physician</u>	(25) Address of Physician or Midwife <u>Anderson SC</u>
--	---	--

Given name added from a supplemental report	(26) Witness (Signature of Witness necessary only when question 22 is signed by mark) <u>F. B. CRAYTON</u>
---	--

19 Registrar	(27) Filed <u>1973</u>	(28) Local Registrar <u>ANDERSON SC</u>
-----------------	---------------------------	--

\*When there was no attending physician or midwife, then the father, householder, or other person must sign. 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.

Filed 2/21 1931 Julia McElhiney  
Registrar