

## (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

504

Registration District No. 38a

Registered No. 129

(For use of Local Registrar)

## (2) Full Name of Child John Julian Gayden Jr.

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 1

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Feb. 27, 23

(Name of Month) (Day) (Year)

(8) FULL NAME OF FATHER John Julian Gayden

(9) PRESENT POSTOFFICE OF FATHER 2309 Divine St. Columbia, S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (Years)

(12) BIRTHPLACE Fairfield Co. S.C.

(13) OCCUPATION Wholesale &amp; Retail Cigar &amp; Tobacco

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

(14) FULL NAME OF MOTHER Grace Anchia Pastorius

(15) PRESENT POSTOFFICE OF MOTHER 2309 Divine St. Columbia, S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Years)

(18) BIRTHPLACE Saluda Co. S.C.

(19) OCCUPATION Housewife

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child who was born at 820 P.M. on the date above stated. (Born alive or stillborn? (Mark "A" for A.M. or P.M.)

(22) (Signature) James M. Smith

(23) State whether Physician or Midwife (24) Address of Physician or Midwife Physician 1501 Lady St.

Given name added from a supplemental report

(25) Witness

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

Registrar

(27) Filed March 5, 1923. (28) L. J. Sloman, 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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FIRST-BORN N. No. 1. THE OTHER, No. 2, etc., in question 2.

City of Columbia