

Form No. 1

(1) PLACE OF BIRTH

County of Berkeley
 Township of St. Stephens
 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

37361

Registration District No. 705Registered No.....
(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 Eddie Leroy Gatlins {If child is not yet named, make supplemental report as directed

3. BOY OR GIRL Boy 4. Twin or Triplet? X (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH July 9, 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

3. FULL NAME Will L. E. Gatlins3. PRESENT POSTOFFICE OF FATHER Bonneau S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 21 years(12) BIRTHPLACE Bonneau S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth Three

MOTHER.

(14) NAME BEFORE MARRIAGE Miss Letha Wood(15) PRESENT POSTOFFICE OF MOTHER Bonneau S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 21 years(18) BIRTHPLACE Bonneau S.C.(19) OCCUPATION Keeping house(21) Number of children of this mother now living, including present birth One. 2 years 3 mos.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Sarah Brown Midwife (24) State whether Physician or Midwife(25) Address of Physician or Midwife Alvin S.C.

ded from a supplemental report

(26) Witness Mr. E. D. Gatlins
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 19 (28) Local Registrar.

ing physician or midwife, then the father, householder, etc., should make this return once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

*When there is a child born.
 If a child born.