

(1) PLACE OF BIRTH

County of Harvey
 Township of Bay
 or
 Inc. Town of
 or
 City of

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

No. 44826

Registration District No. 7.500

Registered No. 34
 (For use of Local Registrar)

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

(2) Full Name of Child Edna Jane Gassner If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 31, 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Leon Gassner
 (9) PRESENT POSTOFFICE OF FATHER Allen R 1
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 19
 (12) BIRTHPLACE Harvey co
 (13) OCCUPATION farming
 (14) Number of children born to mother, including present birth one

MOTHER.

(15) NAME BEFORE MARRIAGE Ruby Martain
 (16) PRESENT POSTOFFICE OF MOTHER Allen R 1
 (17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 17
 (19) BIRTHPLACE Harvey co
 (20) OCCUPATION farming
 (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 alive at 7 P. M., on the date above stated. (Born alive or stillborn) Hour A. M. or P. M.)

(23) (Signature) Mary E. Shipper
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife ay nwr ds

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Date May 7, 1924 (28) Registrar J. J. Hoff

*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.

REASON FOR REMOVAL FROM BIRTH RECORDS
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