

1) PLACE OF BIRTH

County of UnionTownship of Pantheror
Town ofor
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

30444

Registration District No. 4207Registered No. 90

(For use of Local Registrar)

2) Full Name of Child

Margaret Ophelia Gault

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

SEX OF CHILD

Girl

(4) Twin

or triplet

to be entered only in event of twinning or triplets

(5) Number in order of birth

(6) Are Parents

Married Yes

(7) DATE OF

BIRTH

Sept. 17, 22

(Name of Month) (Day) (Year)

FATHER.

Full

NAME

Herbert Gault

PRESENT POSTOFFICE OF FATHER

Kelton

COLOR

RACE

BIRTHPLACE

OCCUPATION

Tanner

(11) AGE AT LAST BIRTHDAY

4

(Years)

MOTHER.

(14) NAME BEFORE MARRIAGE

Mary Gault

(15) PRESENT POSTOFFICE OF MOTHER

Kelton S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

30

(Years)

(18) BIRTHPLACE

Union Co

(19) OCCUPATION

Housewife

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

Six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) 6 P. M. (Hour A. M. or P. M.) on the date above stated.

(23) Signature

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Give name address from a supplemental report

10/27/43L. Riser M.D.

Registrar

(26) Witness

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

(27) Filed

402-10-23

(28)

V. C. Jarrett

Local Registrar

If 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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