CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
15421

(1) PLACE OF BIRTH
County of Gresham
Township of Buffalo
or
Inc. Town of ..... Registration District No. 7703 Registered No. 72
(For use of Local Registrar)
or
City of ..... (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..... { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy | (4) Twin or Triplet? 1 | (5) Number in order of birth 1 | (6) Are Parents Married? Yes | (7) DATE OF BIRTH May 22, 1922 (Name of Month) (Day) (Year)

(4) To be answered only in case of Twins or Triplets

FATHER.

(8) FULL NAME Burl D. Gardner
(9) PRESENT POSTOFFICE OF FATHER Gresham S.C. #4
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (Years)
(12) BIRTHPLACE Gresham Co. S.C.
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth 10th

MOTHER.

(14) NAME BEFORE MARRIAGE Lula Taylor
(15) PRESENT POSTOFFICE OF MOTHER Gresham S.C. #4
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31 (Years)
(18) BIRTHPLACE Gresham S.C.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 3 a. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. C. Burk M.D.
(24) State whether Physician or Midwife: Physician
(25) Address of Physician or Midwife: Gresham S.C.

Given name added from a supplemental report ..... 191....

..... Registrar

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

(27) Filed MAY 1922 191... (28) ..... Local 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.