(1) PLACE OF BIRTH

County of Horry

Township of

Inc. Town of Conway

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: 44624

Registration District No. 75 A

Registered No. 20
(For use of Local Registrar)

(No. ..... St.; ..... Ward)

(2) Full Name of Child James Gordon Gant

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

| (3) SEX OF CHILD | (4) Twin or Triplet | (5) Number in order of birth | (6) Are parents married? | (7) DATE OF BIRTH (Name of Month) | (Day) | (Year) |
|---|---|---|---|---|---|---|
| Boy | Twin | 1st | Yes | Oct | 17 | 1923 |

To be answered only in event of Twins or Triplets

## FATHER.

(8) FULL NAME: Ben Gant

(9) PRESENT OR LAST KNOWN POSTOFFICE OF FATHER: Conway

(10) COLOR OR RACE: Blk

(11) AGE AT LAST BIRTHDAY (Years): 19

(12) BIRTHPLACE: Horry Co.

(13) OCCUPATION: Day Laborer Bottling Co.

(14) Number of children born to mother, including present birth: 1 7

## MOTHER.

(14) MAIDEN NAME: Henrietta Rhodes

(15) PRESENT OR LAST KNOWN POSTOFFICE OF MOTHER: Conway S.C.

(16) COLOR OR RACE: Blk

(17) AGE AT LAST BIRTHDAY (Years): 18

(18) BIRTHPLACE: Horry Co.

(19) OCCUPATION:

(21) Number of children of this mother now living, including present birth: 1 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) E. Allen Jackson

(24) State whether Physician or Midwife: Physician

(25) Address of Physician or Midwife: Conway

Given name added from a supplemental report

..... 19 .....
Registrar

(26) Witness .....
(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Mar 7 1924 (28) L. E. Martin
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.

WARNING: PENALTY FOR MAKING FALSE STATEMENTS IN REGARD TO THIS CERTIFICATE. Section 1 of Act No. 1 of Extra Session of 1915 provides that any person who shall wilfully make any false statement in regard to any of the facts required by this certificate shall be guilty of a misdemeanor and upon conviction shall be punished by a fine of not more than $100.00 or by imprisonment for not more than 30 days, or both, in the discretion of the court.

PENALTY. Sec. 7. That any person who shall fail, neglect or refuse to make a report as required by this act, or to furnish any information required by the State Board of Health, or by the Bureau of Vital Statistics, shall be guilty of a misdemeanor and upon conviction shall be punished by a fine of not more than $100.00 or by imprisonment for not more than 30 days, or both, in the discretion of the court.