

(1) PLACE OF BIRTH
County of Charleston
Township of

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

FILED IN BOOK NO. 41323

OR
In Town of Registration District No. Registered No. 1982
(For use of Local Registrar)
City of Charleston, S.C. (No. 70 Beaufain)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2 Full Name of Child Auburn Gomez If child is not yet named, make supplemental report as directed

3 BOY OR GIRL? B (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? yes DATE OF BIRTH December 5, 1928
(To be answered only in case of Twin or Triplet) (Name of Month) (Day) (Year)

FATHER
(7) FULL NAME Harry Gomez
(8) PRESENT POSTOFFICE OF FATHER 70 Beaufain
(9) COLOR OR RACE C (10) AGE AT LAST BIRTHDAY 43 (Years)
(11) BIRTHPLACE Charleston, S.C.
(12) OCCUPATION Restaurateur
(13) Number of children born to mother, including present birth 3

MOTHER
(14) NAME BEFORE MARRIAGE Ruby Hutchinson
(15) PRESENT POSTOFFICE OF MOTHER 70 Beaufain
(16) COLOR OR RACE C (17) AGE AT LAST BIRTHDAY 42 (Years)
(18) BIRTHPLACE Charleston, S.C.
(19) OCCUPATION House-wife
(20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
(21) I hereby certify that I attended the birth of this child, who was born alive as 1:00 P.M. (Hour A. M. or P. M.)
on the date above stated.
(22) Signature of Physician or Midwife Dr. J. P. Green
(23) Address of Physician or Midwife 52 Anson

Given name added from last report
Signature of Registrar J. P. Green