

(1) PLACE OF BIRTH

County of Montgomery
 Township of Leapholli
 Inc. Town of

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

No. 11. - For State Registrar Only

22587

Registration District No. 4001 (Registered No. 48)

(Per use of Local Registrar)

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 Edw. Gardner (If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age Parents Married Yes (7) DATE OF BIRTH July 3, 1923

FATHER.

(8) FULL NAME J. M. Gardner
 (9) PRESENT POSTOFFICE OF FATHER Landrum, S.C.
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 40
 (12) BIRTHPLACE Montgomery, S.C.
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Leach
 (15) PRESENT POSTOFFICE OF MOTHER Landrum, S.C.
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 33
 (18) BIRTHPLACE Park, S.C.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 4

(20) Number of children born to mother, including present birth 16

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Alive at 11:30 P.M. on the date above stated. (Born alive or stillborn? Hour of day or P.M.)

(23) (Signature) R. S. Landrum, M.D. (24) State whether Physician or Midwife (25) Address of Physician or Midwife Landrum, S.C.

Given name added from a supplemental report

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

(27) Filed July 10, 1923 (28) J. S. Mayberry Local Registrar

When there was no attending physician or midwife, then the father, householder, or other person 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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