

(1) PLACE OF BIRTH

County of Oconee
 Township of Center
 or
 City of

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

No. for State Registrar Only
15248

Registration District No. 3570 Registered No. 73
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Unnamed Boy If child is not yet named, make supplemental report as directed

3 SEX OF CHILD Male 4 Twin or Triplet No 5 Number in order of birth 1 6 Are Parents Married Yes 7 DATE OF BIRTH Mar 1 1923
 (Name of Month) (Day) (Year)

FATHER.
 8 FULL NAME Doctor Jassia Gay
 9 PRESENT POSTOFFICE OF FATHER Kestminster R. 1
 10 COLOR OR RACE White 11 AGE AT LAST BIRTHDAY 24 (Years)
 12 BIRTHPLACE S.C.
 13 OCCUPATION Farmer

MOTHER.
 14 NAME BEFORE MARRIAGE Helen Lewis Enox
 15 PRESENT POSTOFFICE OF MOTHER Kestminster R. 1
 16 COLOR OR RACE White 17 AGE AT LAST BIRTHDAY 19 (Years)
 18 BIRTHPLACE S.C.
 19 OCCUPATION House Wife
 20 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.
 (21) I hereby certify that I attended the birth of this child, who was Alive on the date above stated. (Born Alive or Stillborn) (Hour A. M. or P. M.)
 (22) (Signature) J. A. C. Strickland, M.D.
 (23) State whether Physician or Midwife Physician Address of Physician or Midwife Kestminster

Give name added from a supplemental report
 (24) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (25) Filed May 9 1923 (26) A. P. 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.
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