

RECORDS OF COLUMBIA, S. C. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Pickens S.C.
 Township of Liberty
 or
 Inc. Town of Liberty
 or
 City of

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

File No. — For State Registrar Only
31848

Registration District No. 3705 Registered No. 425
 (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 Rachel Suzanne Gilstrap

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 30 1922
 (Name of Month) (Day) (Year)

FATHER
 (8) FULL NAME Edgar William Gilstrap

MOTHER
 (14) NAME BEFORE MARRIAGE Cecelia Delphin Harrie

(9) PRESENT POSTOFFICE OF FATHER Liberty S.C.

(15) PRESENT POSTOFFICE OF MOTHER Liberty S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22 (Years)

(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 22 (Years)

(12) BIRTHPLACE Pickens S.C.

(18) BIRTHPLACE Pickens S.C.

(13) OCCUPATION Salesman Groceries

(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 1

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) 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.) 9 a.m.

(23) (Signature) W. C. Shelton, M.D.

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Liberty S.C.

Given name added from a supplemental report

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

(27) Filed 10-2-22 (28) John T. Boyce
 Registrar 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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