

(1) PLACE OF BIRTH

County of Charleston
 Township of James Island
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

29356

Registration District No. 904 Registered No. 72
 (For use of Local Registrar)

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

(3) BOY OR GIRL B (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 18, 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Henry Gathers
 (9) PRESENT POSTOFFICE OF FATHER Rt. 1, Charleston S.C.
 (10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 25
 (Years)
 (12) BIRTHPLACE James Island
 (13) OCCUPATION Tenant Farmer
 (20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Dorothy Heyward
 (15) PRESENT POSTOFFICE OF MOTHER Rt. 1, Charleston S.C.
 (16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 24
 (Years)
 (18) BIRTHPLACE James Island
 (19) OCCUPATION Farm helper
 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Margaret Goss
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Rt. 1, Charleston

Given name added from a supplemental report

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

(27) Filed Sept 25, 1922 (28) L. R. Seabrook 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.