

(1) PLACE OF BIRTH

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

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

File No.—For State Registrar Only

25116

Registration District No. 9ARegistered No. 1178
(For use of Local Registrar)

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

(2) Full Name of Child Elizabeth Gadsden

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

(3) BOY OR GIRL 4(4) Twin or Triplet? X(5) Number in order of birth X(6) Are Parents Married? yes(7) DATE OF BIRTH Aug 20 22

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wm. Gadsden(9) PRESENT POSTOFFICE OF FATHER 11 Marsh(10) COLOR OR RACE C(12) BIRTHPLACE S. C.(13) OCCUPATION Lawyer(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Daughter Gibb(15) PRESENT POSTOFFICE OF MOTHER 11 Marsh(16) COLOR OR RACE C(18) BIRTHPLACE S. C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Wm. Alice at 11:40 P.M. on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Julia Gadsden(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife 23 Calhoun

Given name added from a supplemental report

(26) Witness

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

(27) Filed 8/21 1922

(28)

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.