

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Division of General Services, Columbia, S. C.

Form No. 1

(1) PLACE OF BIRTH

County of Greenville
 Township of Fairview
 or
 Inc. Town of.....
 or
 City of.....

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

(2) Full Name of Child Harold Charles Gemming

File No.—For State Registrar Only
34619

CERTIFICATE OF BIRTH

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

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

(No. St. Ward)

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? ☒ (5) Number in order of birth..... (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 9, 22
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James H. Gemming

(9) PRESENT POSTOFFICE OF FATHER Fountain Dr. S. C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31
 (Years)

(12) BIRTHPLACE Greenville Co.

(13) OCCUPATION Mill Operative

(20) Number of children born to mother, including present birth 1 2

MOTHER.

(14) NAME BEFORE MARRIAGE Lillian Fowler

(15) PRESENT POSTOFFICE OF MOTHER Fountain Dr. S. C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27
 (Years)

(18) BIRTHPLACE Laurens Co.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 1 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) J. B. Hale

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness..... (Signature of Witness necessary only when question 21 is signed by mark)

(27) Filed..... (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.