

MARGIN RESERVED FOR BINDING.

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.

(1) PLACE OF BIRTH  
County of And  
Township of 1st  
or  
Inc. Town of 1st  
or  
City of 1st  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.—For State Registrar Only  
**22459**

Registration District No. 73N Registered No. 80  
(For use of Local Registrar)  
(No. 1411 St.; 10 Ward)  
(If child is not yet named, make supplemental report as directed)

(2) Full Name of Child Jennie Revere

3. ☒ BOY OR GIRL? 4. Twin or Triplet? 5. Number in order of birth 3rd 6. Are Parents Married? yes 7. DATE OF BIRTH Apr 19 1922  
(Name of Month) (Day) (Year)

**FATHER**  
8. FULL NAME Daniel Gason  
9. PRESENT POSTOFFICE OF FATHER Ind. P. O.  
10. COLOR OR RACE w 11. AGE AT LAST BIRTHDAY 29  
(Year) 12. BIRTHPLACE Ind.  
13. OCCUPATION mathews molder  
20. Number of children born to mother, including present birth 3

**MOTHER**  
14. NAME BEFORE MARRIAGE Paroli Beagle  
15. PRESENT POSTOFFICE OF MOTHER Ind. P. O.  
16. COLOR OR RACE w 17. AGE AT LAST BIRTHDAY 23  
(Year) 18. BIRTHPLACE Ind.  
19. OCCUPATION housewife  
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 1230 at 1230 M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) J. D. Harrison (24) State whether Physician or Midwife (25) Address of Physician or Midwife Ind. P. O.

Given name added from a supplemental report

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

(27) Filed 6/10/22 19 22 (28) W. A. Williams 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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