

(1) PLACE OF BIRTH

County of LexingtonTownship of Carroll

OF

Inc. Town of

OF

City of McBroom

(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

3302

Registration District No. 3105 Registered No. 104

(For use of Local Registrar)

(2) Full Name of Child Gary B. Stockman (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL Boy(4) Twin or Triplet One(5) Number in order of birth Nine(6) Are Parents Married? yes(7) DATE OF BIRTH July 18, 1923

(8) (Name of Month) (Day) (Year)

FATHER.

(9) FULL NAME Gary C. Stockman(10) PRESENT POSTOFFICE OF FATHER McBroom(11) COLOR OR RACE white(12) AGE AT LAST BIRTHDAY 4-0

(13) (Years)

(14) BIRTHPLACE Lexington(15) OCCUPATION Textile(16) Number of children born to mother, including present birth Nine

MOTHER.

(17) NAME BEFORE MARRIAGE Annice Lynch(18) PRESENT POSTOFFICE OF MOTHER McBroom(19) COLOR OR RACE white(20) AGE AT LAST BIRTHDAY 35

(21) (Years)

(22) BIRTHPLACE SC(23) OCCUPATION Domestic(24) Number of children of this mother now living, including present birth Seven

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(25) I hereby certify that I attended the birth of this child, who was alive at 11 P. M., on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)att. 1-12 53(26) (Signature) W. C. Taylor

(27) State whether Physician or Midwife

(28) Address of Physician or Midwife

Given name added from a supplemental report

(29) Witness

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

(30) Filed Oct 10, 1923(31) (Signature) f. C. Taylor

(32) (Signature)

(33) (Signature)

(34) (Signature)

(35) (Signature)

(36) (Signature)

(37) (Signature)

(38) (Signature)

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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