

WHITE 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 3.

(1) PLACE OF BIRTH  
County of Pickens  
Township of Acory  
or  
Inc. Town of.....  
or  
City of..... (No. .... St.; .... Ward)  
(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  
**19818**

Registration District No. 3702 Registered No. 42  
(For use of Local Registrar)

(2) Full Name of Child..... 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 June 10, 1922  
(Name of Month) (Day) (Year)

FATHER. MOTHER.  
(8) FULL NAME G. M. Gilstrap (14) NAME BEFORE MARRIAGE Berla Lapps

(9) PRESENT POSTOFFICE OF FATHER Acory N 6 (15) PRESENT POSTOFFICE OF MOTHER Acory N 6

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24  
(Years) (Years)

(12) BIRTHPLACE Pickens Co. (18) BIRTHPLACE Pickens Co.

(13) OCCUPATION Farmer (19) OCCUPATION House wife

(20) Number of children born to mother, including present birth 3 (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 alive at — M., on the date above stated. (For alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lee J. Wall (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Acory, S.C.

Given name added from a supplemental report

(26) Witness..... (Signature of Witness necessary only when question 23 is signed "stillborn")

..... 19..... (27) Filed July 7, 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.

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