

## (1) PLACE OF BIRTH

County of Richland

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

5060

Township of .....

or

Inc. Town of .....

or

City of Lyke Island S.C.

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

Registration District No. 382Registered No. 142

(For use of Local Registrar)

(2) Full Name of Child Florence Kathleen Gaskin

If child is not yet named, make report as directed

(1) <del>BOY</del> GIRL?	(4) Twin or Triplet?	(5) Number in order of birth <u>6</u>	(6) Are Parents Married? <u>Y</u>	(7) DATE OF BIRTH <u>Feb. 28, 23</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Thomas Preston Gaskin(9) PRESENT POSTOFFICE OF FATHER Lyke Island S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 42  
(Years)(12) BIRTHPLACE Kershaw County(13) OCCUPATION School Teacher.(14) Number of children born to mother, including present birth 6

## MOTHER.

(14) NAME BEFORE MARRIAGE Ada Heale(15) PRESENT POSTOFFICE OF MOTHER Lyke Island S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 32  
(Years)(18) BIRTHPLACE Orangeburg County(19) OCCUPATION Domestic.(20) Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Born alive 6 A.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Charles E. Owens

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

M.D. 1305 Laurel St.

(When name added from a supplemental report)

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

(27) Filed March 5, 1923 (28) Charles E. Owens  
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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