

(1) PLACE OF BIRTH

County of Saluda
 Township of no
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

22453

Registration District No. 3900 Registered No. 6
 (For use of Local Registrar)

(No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

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

3) BOY OR GIRL <u>Boy</u>	4) Twin or Triplet <u>no</u> To be answered only in case of Twin or Triplet	5) Number in order of birth <u>2</u>	6) Are Parents Married <u>yes</u>	7) DATE OF BIRTH <u>July 8, 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8) FULL NAME <u>Chris Elmore Gargler</u>			14) NAME BEFORE MARRIAGE <u>Annice May Berrick</u>	
9) PRESENT POSTOFFICE OF FATHER <u>Lusville S.C. R.F.D. No. 4</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Lusville S.C. R.F.D. No. 4</u>	
10) COLOR OR RACE <u>White</u>	11) AGE AT LAST BIRTHDAY <u>24</u> (Year)	16) COLOR OR RACE	17) AGE AT LAST BIRTHDAY	(Year)
12) BIRTHPLACE <u>Saluda County</u>			18) BIRTHPLACE <u>Saluda County</u>	
13) OCCUPATION <u>Farmer</u>			19) OCCUPATION <u>House-wife</u>	
20) Number of children born to mother, including present birth <u>2</u>			21) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was ... Alive ... at 5-P. M.,
 on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) Alvin J. Clark

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Lusville S.C.

Given name added from a supplement-
 al report

(26) Witness

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

(27) Filed July 23, 1923

(28)

Ad. H. H. H.

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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