

(1) PLACE OF BIRTH

County of G'ville

Township of

Inc. Town of

City of

(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

28428

Registration District No. 22ARegistered No. 471
(For use of Local Registrar)(No. 571 W. Gable)

St. Ward)

(2) Full Name of Child Francis Payne Gable

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

(3) BOY OR GIRL Girl

(4) Twin or Triplet

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married Yes

(7) DATE OF

BIRTH July 29, 1923
(Month) (Day) (Year)

FATHER.

(8) FULL NAME Colvin C. Anderson(9) PRESENT POSTOFFICE OF FATHER G'ville, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Year)(12) BIRTHPLACE Franklin, Tenn.(13) OCCUPATION Salesman(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Anna Hadden(15) PRESENT POSTOFFICE OF MOTHER G'ville, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34 (Year)(18) BIRTHPLACE Donalds, S.C.(19) OCCUPATION R. M.(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

(21) I hereby certify that I attended the birth of this child, who was born alive at 7 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) J. C. Anderson(23) State whether Physician or Midwife Midwife(24) Address of Physician or Midwife M. G.

Given name added from a supplemental report

(25) Witness

(Signature of Witness necessary only when question 25 is signed by mark)

(26) Filed Sept 29, 1923(27) Local Registrar J. C. Smith

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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