

(1) PLACE OF BIRTH

County of GastonburgTownship of Ridville

or

Inc. Town of

or

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

16766

Registration District No. 4607 Registered No. 445
(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child Dorothy Gibson Eting If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH May 1st 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William L Eting(9) PRESENT POSTOFFICE OF FATHER Ridville(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 38
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Teacher (High School)(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Bessie Lee Gibson(15) PRESENT POSTOFFICE OF MOTHER Ridville(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 24
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housework(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 Born alive at 10:30 P.M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated. L. W. Wood M.D.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

PhysicianRidville

Given name added from a supplemental report

(26) Witness

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

(27) File

10-10-1922

(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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