

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

or 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

Registration District No.

File No. - For State Registrar Only

2964

Registered No. 12
(For use of Local Registrar)(2) Full Name of Child Javier Edward Gatch

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

(3) SEX OR
Boy(4) Male
To be marked only in case of Twin or Triplet(5) Number in
order of birth 4(6) Are
Parent's
Married Yes(7) DATE OF
BIRTH Feb 23, 23
(Name of Month) (Day) (Year)

FATHER

(8) FULL
NAME J. H. Henry Gatch(9) PRESENT
POSTOFFICE
OF FATHER Sheldon SC(10) COLOR
OR
RACE White(11) AGE AT LAST
BIRTHDAY 40
(Year)(12) BIRTHPLACE
Hampton G(13) OCCUPATION
Mechanics(14) Number of children born to
mother, including present birth 4

MOTHER

(15) NAME BEFORE
MARRIAGE Katie Sumner(16) PRESENT
POSTOFFICE
OF MOTHER Sheldon(17) COLOR
OR
RACE White(18) AGE AT LAST
BIRTHDAY 26
(Year)(19) BIRTHPLACE
Bluffton(20) OCCUPATION
House Wife(21) Number of children of this mother
now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born Feb 23, 1923 at Sheldon SC M.
on the date above stated. (Normal or stillborn) (Hour A. M. or P. M.)(23) (Signature) Katie Sumner

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
tal report

(26) Witness

(Signature of Witness necessary only
when question 22 is signed by mark)

(27) Filed

(28)

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RegistrarWhen there was no attending physician or midwife, then the father, householder, etc., should make report
If a child breathes even once, it must not be reported as stillborn. No report is desired of children
before the fifth month of pregnancy.