

MARGIN RESERVED FOR BINDING.  
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Aiken  
 Township of Langley  
 or  
 Inc. Town of.....  
 or  
 City of Bath, S.C.

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

(2) Full Name of Child W. Fred Gunnels Jr.

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1  
 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 16, 1922  
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME W. Fred Gunnels  
 (9) PRESENT POSTOFFICE OF FATHER Bath  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 23 (Years)  
 (12) BIRTHPLACE Langley  
 (13) OCCUPATION Clerk  
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Jessie D. Mason  
 (15) PRESENT POSTOFFICE OF MOTHER Bath  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 21 (Years)  
 (18) BIRTHPLACE Aiken County  
 (19) OCCUPATION  stenographer  
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 2:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. W. Spradley  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Bath, S.C.

Given name added from a supplemental report

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

(27) Filed Oct. 15, 1922 (28) L. W. Spradley 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.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

32904

Registration District No. 2-14A Registered No. 96 (For use of Local Registrar)

St.; ..... Ward)

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