

## (1) PLACE OF BIRTH

County of Charleston  
 Township of Christ Church  
 or  
 Inc. Town of Awendaw S.C.  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

6873

Registration District No. 901Registered No. 446  
(For use of Local Registrar)

City of ..... (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 Walter Gould If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL: <u>Boy</u>	(4) Twin or Triplet: <u>Twins</u>	(5) Number in order of birth: <u>2</u>	(6) Are Parents Married: <u>Yes</u>	(7) DATE OF BIRTH: <u>Jan 10, 1922</u> (Name of Month) (Day) (Year)
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## FATHER

(8) FULL NAME: William Gould(9) PRESENT POSTOFFICE OF FATHER: Awendaw S.C.(10) COLOR OR RACE: Black (11) AGE AT LAST BIRTHDAY: 39  
(Years)(12) BIRTHPLACE: Charleston Co. S.C.(13) OCCUPATION: Engineer(20) Number of children born to mother, including present birth: Three

## MOTHER

(14) NAME BEFORE MARRIAGE: Rosalee Baldwin(15) PRESENT POSTOFFICE OF MOTHER: Awendaw S.C.(16) COLOR OR RACE: Black (17) AGE AT LAST BIRTHDAY: 24  
(Years)(18) BIRTHPLACE: Charleston Co. S.C.(19) OCCUPATION: Home work(21) Number of children of this mother now living, including present birth: One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive on the date above stated. (Born alive or stillborn) (Hour, M., or P. M.)(23) (Signature) Hannah Lee White(24) State whether Physician or Midwife: Midwife

Given name added from a supplemental report

(25) Address of Physician or Midwife: Awendaw S.C.(26) Witness: William Gould  
(Signature of Witness necessary only when question 22 is signed by mark)(27) Filed Mar. 6, 1922 (28) J. L. Kinney  
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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