

1) PLACE OF BIRTH

County of York
Township of Chick Gage

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

17200

City of

Registration District No. 7204Registered No. 91
(For use of Local Registrar)

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

2) Full Name of Child Jimm Gussnell

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

BOY OR
GIRL?(4) Twin
or triplet?(5) Number in
order of birth(6) Are
Parents
Married?(7) DATE OF
BIRTH June 23 1923
(Month) (Day) (Year)

FATHER.

FULL
NAMEPRESENT
POSTOFFICE
OF FATHER(8) COLOR
OR
RACE(9) AGE AT LAST
BIRTHDAY 46
(Years)

(10) BIRTHPLACE

(11) OCCUPATION

(12) Number of children born to
mother, including present birth

MOTHER.

(14) NAME BEFORE
MARRIAGE(15) PRESENT
POSTOFFICE
OF MOTHER(16) COLOR
OR
RACE(17) AGE AT LAST
BIRTHDAY 36
(Years)

(18) BIRTHPLACE

(19) OCCUPATION

(20) Number of children of this mother
now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at 1 P. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature)

(23) State where Physician or Midwife (24) Address of Physician or Midwife

Even name added from a supplement
tal report

101

Registrar

(25) Witness

(Signature of Witness necessary only
when question 23 is signed by mother)(26) Date 6-29-23

(27)

(28) J. L. James
Local RegistrarWhen 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.

Before the fifth month of pregnancy.

Before the fifth month of pregnancy.