

Form No. 1

PLACE OF BIRTH

County of Spaulding
City of Paelet

Town of

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

1923

Registration District No. 4006 Registered No. 11
(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.)Full Name of Child ROY M. Gahs If child is not yet named, make supplemental report as directedSEX OR ONLY Boy (1) DATE OF BIRTH 6-2-23
(2) Twin or Triplet To be answered only in case of Twin or Triplet (3) Are Parents Married yes (Name of Month) (Day) (Year)FATHER'S FULL NAME H. M. GahsPRESENT POSTOFFICE OF FATHER Trough S.C.COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23 (Year)BIRTHPLACE Tenn.OCCUPATION Mill oper.Number of children born to mother, including present birth 2MOTHER'S (14) NAME BEFORE MARRIAGE Estelle Kirby(15) PRESENT POSTOFFICE OF MOTHER Trough S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Year)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(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
on the date above stated. (Name alive or stillborn) (Date A. M. or P. M.)(23) (Signature) M. L. Gahs

(24) State whether Physician or Midwife

(25) Signature of Physician or Midwife M. L. Gahs

Give name added from a supplemental report

(26) Witness

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

(27) Filed July 14 1923 (28) M. W. Brown 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.