

(1) PLACE OF BIRTH

County of Pickens
Township of Dacusville
or
Inc. Town of
or
City of

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

Registration District No. 3201

No. for State Registrar Only
36075

Registered No. 55
(For use of Local Registrar)

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

(2) Full Name of Child Jennie

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

(3) BOY OR GIRL Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age ages (7) DATE OF BIRTH Oct 31 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William J. Gissner
(9) PRESENT POSTOFFICE OF FATHER Dacusville R#1
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 41
(Year)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Sallie E. Owens
(15) PRESENT POSTOFFICE OF MOTHER Dacusville R#1
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 35
(Year)
(18) BIRTHPLACE N.C.
(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 8 (21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 11 A.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. H. Bolt
(24) Sta.: whether Physician or Midwife Physician (25) Address of Physician or Midwife Essley

Given name added from a supplemental report

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

(27) Filed (28) 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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