

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

16712

County of Spartanburg
Township of Cherokee
or
Inc. Town of.....
or
City of.....Registration District No. 40020Registered No. 64
(For use of Local Registrar)

St.; Ward)

(No.)

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

(2) Full Name of Child James N. Gilbert If child is not yet named, make supplemental report as directed(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 May 18 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Charlie Gilbert(9) PRESENT POSTOFFICE OF FATHER Norris N.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 19 (Years)(12) BIRTHPLACE N.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Millie Oliver(15) PRESENT POSTOFFICE OF MOTHER Norris N.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE N.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 alive at 8 a.m. (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) W. J. Head (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Camphill S.

Given name added from a supplemental report

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

(27) Filed 6/1 (28) J. Blockwell 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.