

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MEANS OF COLUMN. COLUMN. 5. C.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
STATE OF SOUTH CAROLINA		Bureau of Vital Statistics		23472	
State Board of Health		Registration District No. 5613		Registered No. 89	
County of <u>Orange</u>		City of <u>Orange</u>		(For use of Local Registrar)	
Township of <u>Orange</u>		City of <u>Orange</u>		(No. St.; Ward)	
Inc. Town of <u>Orange</u>		City of <u>Orange</u>		(If birth occurs in a hospital or other institution, give name of same instead of street and number.)	
(2) Full Name of Child <u>William G. Gannely</u>		(If child is not yet named, make supplemental report as directed)			
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>May 27</u>	(8) <u>1922</u>
FATHER.			MOTHER.		
(9) FULL NAME <u>Frank Gannely</u>			(14) NAME BEFORE MARRIAGE <u>Jessie B. Jones</u>		
(10) PRESENT POSTOFFICE OF FATHER <u>Orange SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Orange SC</u>		
(11) COLOR OR RACE <u>Col</u>			(12) AGE AT LAST BIRTHDAY <u>34</u>		
(13) BIRTHPLACE <u>Orange SC</u>			(14) COLOR OR RACE <u>Col</u>		
(15) OCCUPATION <u>Editor</u>			(16) BIRTHPLACE <u>Orange SC</u>		
(17) Number of children born to mother, including present birth <u>2</u>			(18) OCCUPATION <u>House Work</u>		
(19) Number of children of this mother now living, including present birth <u>2</u>			(20) Number of children of this mother now living, including present birth <u>2</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(21) I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>7</u> A.M. (Born alive or stillborn) (Hour A. M. or P. M.)					
(22) on the date above stated.					
(23) (Signature) <u>Georgia B. Gannely</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Physician or Midwife <u>Orange SC</u>					
Given name added from a supplemental report					
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)					
(27) Filed <u>July 28</u> 19 <u>22</u> (28) <u>A. L. Farnley</u> 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.					