

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

6872

Registered No. 411
(For use of Local Registrar)

St. Ward

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

(2) Full Name of Child Rebecca Gould

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

To be answered only in event of Twins or Triplets

(6) Are Parents Married

Yes

(7) DATE OF BIRTH

Jan 9 1923
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

William Gould

(9) PRESENT POSTOFFICE OF FATHER

Awendaw S.C.

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY 29
(Years)

(12) BIRTHPLACE

Charleston Co S.C.

(13) OCCUPATION

Engineer

MOTHER

(14) NAME BEFORE MARRIAGE

Rosalee Baldwin

(15) PRESENT POSTOFFICE OF MOTHER

Awendaw S.C.

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY 34
(Years)

(18) BIRTHPLACE

Charleston Co S.C.

(19) OCCUPATION

Home work

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

Three

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

One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 9 P. M. on the date above stated. (Born alive or stillborn. (Hour * M. or P. M.))

(23) (Signature)

Hannah White

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Awendaw S.C.

Given name added from a supplemental report

(26) Witness

William Gould

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

(27) Filed

Mar 6 1923

(28) J. L. Kinsey
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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