

(1) PLACE OF BIRTH

County of PickensTownship of Pickensor
Inc. Town ofor
City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

4979

Registration District No. 3706Registered No. 15
(For use of Local Registrar)(2) Full Name of Child James Earnest Gant

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

(3) <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Age	(7) Date of Birth
To be answered only in case of Twins or Triplets				(Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Sam F Gant</u>			(14) NAME BEFORE MARRIAGE <u>Eva Bailey</u>	
(9) PRESENT RESIDENCE OR STATE <u>Pickens SC</u>			(15) PRESENT RESIDENCE OR STATE <u>Pickens SC</u>	
(10) COLOR <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>28</u>	(16) COLOR <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>29</u>	
(12) BIRTHPLACE <u>Pickens Co</u>		(18) BIRTHPLACE <u>Pickens Co</u>		
(13) OCCUPATION <u>Cotton Mill</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>3</u>			(21) Number of children of this mother now living, including present birth <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn (Hour, A. M. or P. M.)(23) (Signature) [Signature](24) State whether Physician or Midwife (25) Address of Physician or Midwife Pickens Co

Given name added from a supplemental report

(26) Witness

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

(27) Filed

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(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.