

Form No. 1

## (1) PLACE OF BIRTH

County of UnionTownship of Cross KeysInc. Town of 2-CCity of 2-C

(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

20392

Registration District No. 4-200Registered No. 29  
(For use of Local Registrar)(2) Full Name of Child Gaskell Moseley Briggs

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 24, 1922</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Wallace Wilburn(9) PRESENT POSTOFFICE OF FATHER Union S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 43  
(Years)(12) BIRTHPLACE Union, S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Lillian Stevens(15) PRESENT POSTOFFICE OF MOTHER Union S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27  
(Years)(18) BIRTHPLACE Union S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 12:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) S. F. Moseley, M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician Union S.C.

Given name added from a supplemental report

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

(27) Filed 19 (28) S. F. Moseley 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.

MARGIN RESERVED FOR BINDING

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.

McGAW OF COLUMBIA, COLUMBIA, S. C.