

## (1) PLACE OF BIRTH

County of Laurens

Township of .....

or  
Inc. Town of .....or  
City of Laurens

(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

Registration District No. 299Registered No. 81566

(For use of Local Registrar)

(2) Full Name of Child John Lewis Gickerson, Jr.

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

(3) BOY OR GIRL? M(4) Twin or Triplet? No(5) Number in order of birth 1(6) Are Parents Married? Yes(7) DATE OF BIRTH Feb. 21, 1922

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME John Lewis Gickerson(9) PRESENT POSTOFFICE OF FATHER Laurens, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37 (Years)(12) BIRTHPLACE Laurens, S.C.(13) OCCUPATION Carway Yard Conductor(14) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE McLillie Gordon(15) PRESENT POSTOFFICE OF MOTHER Laurens, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31 (Years)(18) BIRTHPLACE Sumter Co., S.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 Born alive at Laurens, S.C. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) John H. Gickerson(24) State whether Physician or Midwife (25) Address of Physician or Midwife Laurens, S.C.

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed Mar 1922

(28)

E. V. Kennedy  
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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