

Form No. 1

## (1) PLACE OF BIRTH

County of CatahulaTownship of Shundan

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 10-For this Register

794

Registration District No. 1409Registered No. ....  
(For use of Local Registrar)

(No. .... 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 Ruth Christina Gaddis If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD <u>Girl</u>	(4) Type or Tumor To be answered only in event of Tumor or Tumor	(5) Number in order of birth	(6) Age in years at birth <u>Yes</u>	(7) DATE OF BIRTH <u>Jan. 4 1923</u> (Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Adam G. Gaddis</u>	(14) NAME BEFORE MARRIAGE <u>Carrie Gaddis</u>	(9) PRESENT RESIDENCE OF FATHER <u>Collinsville, S.C.</u>	(15) PRESENT RESIDENCE OF MOTHER <u>Collinsville, S.C.</u>
(10) COLOR of <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>36</u> (Years)	(16) COLOR of <u>Colored</u>	(17) AGE AT LAST BIRTHDAY <u>35</u> (Years)
(12) BIRTHPLACE <u>S.C.</u>	(13) OCCUPATION <u>Farmer</u>	(18) BIRTHPLACE <u>S.C.</u>	(19) OCCUPATION <u>Domestic</u>
(20) Number of children born to mother, including present birth		(21) Number of children of this mother now living, including present birth	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Maria Tracy

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Jan 6 1923 (28) Maria W. Adams

\*When there was no attending physician or midwife, then the father, householder, etc., should sign. If a child breathes even once, it must not be reported as stillborn. No report is required before the fifth month of pregnancy.