

## (1) PLACE OF BIRTH

County of York  
 Township of York  
 or  
 Inc. Town of York  
 or  
 City of York  
 (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

30560

Registration District No. 44-H Registered No. 41  
 (For use of Local Registrar)

(2) Full Name of Child Ellen Louise Gardner

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 (6) Are Parents Married? Yes (7) DATE OF BIRTH 8 9 23  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME James Gardner(9) PRESENT POSTOFFICE OF FATHER York, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30  
 (Years)(12) BIRTHPLACE York, S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Maggie Lee(15) PRESENT POSTOFFICE OF MOTHER York, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33  
 (Years)(18) BIRTHPLACE York, S.C.(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at York, S.C. (Hour A. M. or P. M.) 2:30 P. M.  
 on the date above stated.

(23) (Signature) [Signature]  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife York, 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 Sept 12 1923 (28) [Signature] 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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