

(1) PLACE OF BIRTH

County of LynchburgTownship of Lynchburg

Inc. Town of

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

Registration District No. 430.2 Registered No. 10
(For use of Local Registrar)(2) Full Name of Child Ellie M. Gary If child is not yet named, make appropriate report as directed(3) SEX Boy (4) Type of Birth Normal (5) Number of Children 2 (6) Date of Birth Feb 7, 1923

FATHER. MOTHER.

(7) Full Name Levine M. Gary (10) Full Name Lelia M. Cress(8) Present Residence Kingston (11) Present Residence Kingston(9) Color Negro (12) Age at Last Birthday 23 (13) Color Negro (14) Age at Last Birthday 22(15) Birthplace Greenville (16) Birthplace Greenville(17) Occupation Farmer (18) Occupation Housekeeper(19) Number of children born to mother, including present birth 2 (20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Ellie M. Gary (Born alive or stillborn) (Hour A. M. or P. M.)

on the date above stated.

(22) (Signature) Virgil S. Shaw (23) Address of Physician or Midwife(24) State whether Physician or Midwife Physician (25) Address of Physician or MidwifeKingston

Given name added from a supplementary report

(26) Witness L. M. Gary (Signature of Witness necessary only when question 22 is signed by father)(27) Filed Feb 17, 1923 (28) B. B. Harrison Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make the report if a child breathes even once. It must not be reported as stillborn. No report is desired of children before the fifth month of pregnancy.