

County of Jefferson  
Township of Tabernash  
or  
Inc. Town of.....  
or  
City of .....

# CERTIFICATE OF BIRTH

**STATE OF SOUTH CAROLINA**  
**Bureau of Vital Statistics**  
**State Board of Health**

File No. — For State Registrar Only  
30738

Registration District No. 201... Registered No. 30.....  
(For use of Local Registrar)

City of \_\_\_\_\_ (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 Robert Fulton Gault If child is not yet named, make supplemental report as directed

2) BOY OR GIRL <i>Boy</i>	4) Type of Trip <i>—</i>	6) Number in order of birth <i>—</i>	8) Age (approximate) <i>—</i>	10) DATE OF BIRTH <i>Feb 1939</i> (Name of Month) (Day) (Year)
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FATHER.

(9) FULL NAME Clifton Gault

(10) PRESENT POST OFFICE OF FATHER Kitchins Mills S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 33 (Year)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(14) Number of children born to mother. Includes present child 3

MOTHER.

(14) NAME BEFORE MARRIAGE *Uela Garrison*

(15) PRESENT ADDRESS OF MOTHER *Kitchings Mills S.C.*

(16) COLOR OF RACE *white* (17) AGE AT LAST BIRTHDAY *27* (Yrs.)

(18) BIRTHPLACE *S.C.*

(19) OCCUPATION *Housewife*

(21) Number of children of this mother now living, including present birth *3*

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(20) I hereby certify that I attended the birth of this child, who was born alive at 7:45 P.M.  
 on the date above stated. (Born living or stillborn) (Hour) M. or P. M.

(20) (Signature) [Signature]  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Relayville, Illinois

Given name added from a supplemental report

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

(37) Filed Oct. 20 1923. (38) Thos. M. Connelley  
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.

**IF a child breathes even once, it must not be reported as stillborn. Its report is decided on whether or not before the fifth month of pregnancy.**