

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

40778

County of AndersonTownship of Union

or

Inc. Town of

or

City of

Registration District No. 3 BRegistered No. 91

(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 Jessie C. Gansbree

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth
To be answered only in event of Twins or Triplets(6) Are Parents Married? Yes(7) DATE Dec 5 1922
BIRTH (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Geo Gansbree(9) PRESENT POSTOFFICE OF FATHER Piedmont(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 44
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 9

MOTHER.

(14) NAME BEFORE MARRIAGE Jessie Dalton(15) PRESENT POSTOFFICE OF MOTHER Piedmont(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 41
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 8:45 P.M., on the date above stated. (Born alive or stillborn) (How A. M. or P. M.)(23) (Signature) A. H. Campbell

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Piedmont

Given name added from a supplemental report

(26) Witness

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

(27) Filed Dec 7 1922

(28)

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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