

(1) PLACE OF BIRTH

County of Richland

Township of

or

Inc. Town of

or

City of Calumet

(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

5496

Registration District No. 38Registered No. 1104

(For use of Local Registrar)

(2) Full Name of Child Julia Caroline Gayden

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

(3) BOY OR GIRL? g(4) Twin or Triplet? no(5) Number in order of birth 1(6) Are Parents Married? yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year) 31 1924

FATHER.

(8) FULL NAME

Albert R. Gayden

(9) PRESENT POSTOFFICE OF FATHER

Calumet SC

(10) COLOR OR RACE

W(11) AGE AT LAST BIRTHDAY 29 (Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

Merchant(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE

Dorace Brawley

(15) PRESENT POSTOFFICE OF MOTHER

Calumet SC

(16) COLOR OR RACE

W(17) AGE AT LAST BIRTHDAY 27 (Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

W(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 3:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. M. D. Rose

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

MDCalumet SC

Given name added from a supplemental report

..... 191.....

Registrar

(26) Witness

(Signature of Witness necessary only when question 24 is signed by mark)

(27) Filed 2-25-1925(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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