

## (1) PLACE OF BIRTH

County of

Township of

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

29216

Registration District No.

9A

Registered No.

1345

(For use of Local Registrar)

St.; ..... Ward)

## (2) Full Name of Child

Alfred Gardner

If child is not yet named, make  
(supplemental) report as directed(3) BOY OR  
GIRL

Boy

(4) Twin  
or Triplet?

No

(5) Number in  
order of birth

115

(6) Are  
Parents  
Married?

Yes

(7) DATE OF

Sept 9, 22

BIRTH (Name of Month) (Day) (Year)

(8) FULL  
NAME

Joseph Gardner

(9) PRESENT  
POSTOFFICE  
OF FATHER

Char S C.

(10) COLOR  
OR  
RAKE

Caf

(11) AGE AT LAST  
BIRTHDAY19  
(Years)

(12) BIRTHPLACE

Char S C.

(13) OCCUPATION

Porter

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

1

(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, Alfred ..... at 10:42 M.,  
on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)(23) (Signature) Alice Bryan

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-  
tal report

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(26) Witness

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

(27) Filed

9/16/22

19

(28) J. M. MendenhallWhen 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.