

(1) PLACE OF BIRTH

County of Lancaster S CTownship of _____
or
Inc. Town of Lancaster S C

City of _____

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

1709

Registered No. 8
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Willie M. Gubler

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet?

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH

Jan 22 1922
(Specify Month) (Day) (Year)

FATHER

(8) FULL NAME

Willie M. Gubler

(9) PRESENT POSTOFFICE OF FATHER

Lancaster S C
Kershaw County

(10) COLOR OR RACE

Colord

(11) AGE AT LAST BIRTHDAY

26
(Years)

(12) BIRTHPLACE

Kershaw County

(13) OCCUPATION

Farmer

MOTHER

(14) NAME BEFORE MARRIAGE

Annie Faulkner

(15) PRESENT POSTOFFICE OF MOTHER

Lancaster S C

(16) COLOR OR RACE

Colord

(17) AGE AT LAST BIRTHDAY

25
(Years)

(18) BIRTHPLACE

Lancaster S C

(19) OCCUPATION

House Keeper

(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 Born alive or stillborn at 12 P.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature)

Mary J. Witherspoon

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

midwife Lancaster

(Given name added from a supplemental report)

(26) Witness

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

(27) Filed

2-31922(28) J. H. Witherspoon(29) 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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SEEK FOR COPIES OF THIS FORM IN THE BUREAU OF VITAL STATISTICS, DEPARTMENT OF HEALTH, AND MARK THE DATE OF RECEIPT ON THIS FORM. USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE DATE OF RECEIPT ON THIS FORM. NO. 1 THIS OFFICE NO. 2, ETC. IN QUESTION 4.

REGISTERED COPIES OF THIS FORM, DEPARTMENT OF HEALTH, S. C.