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

(1) PLACE OF BIRTH

County of _Orangeburg_

Township of ....
or
Inc. Town of... _Bowman_ S. Registration District No. _3660_

or
City of ....
(No. .... St.: .... Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only
31583

Registered No. _8-7_
(For use of Local Registrar)

(2) Full Name of Child _Lula Gavin_

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

(3) BOY OR GIRL? _Girl_	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? _Yes_	(7) DATE OF BIRTH _Sept 14_ 19 22
	To be answered only in event of Twins or Triplets			(Named Month) (Day) (Year)

FATHER	MOTHER
(8) FULL NAME _Artha Gavin_	(14) NAME BEFORE MARRIAGE _Lula Felder_
(9) PRESENT POSTOFFICE OF FATHER _Branchville_	(15) PRESENT POSTOFFICE OF MOTHER _Branchville SC_
(10) COLOR OR RACE _Black_ (11) AGE AT LAST BIRTHDAY _37_ (Years)	(16) COLOR OR RACE _Black_ (17) AGE AT LAST BIRTHDAY _35_ (Years)
(12) BIRTHPLACE _Orangeburg SC_	(18) BIRTHPLACE
(13) OCCUPATION _Farmer_	(19) OCCUPATION
(20) Number of children born to mother, including present birth _7_	(21) Number of children of this mother now living, including present birth _3_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was... _alive_ ...at........M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) _Lula Summers_
(24) State whether Physician or Midwife _Midwife_
(25) Address of Physician or Midwife _Bowman SC_

Given name added from a supplemental report

....
19 ....
Registrar

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

(27) Filed _Sept 22_ 19 22 (28) .... Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. No report is desired of stillbirths. If a child breathes even once, it must not be reported as stillborn.
before the fifth month of pregnancy.