

(1) PLACE OF BIRTH

County of Greenville

Township of

or
Inc. Town ofor
City of

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

(2) Full Name of Child Lasaki Tucker Gump (If child is not yet named, make supplemental report as directed)(3) BOY OR
GIRL(4) Twin
or Triplet?(5) Number in
order of birth(6) Are
Parents
Married?

(7) DATE OF

BIRTH Oct 6 1922
(Name of Month) (Day) (Year)

FATHER

(8) FULL
NAME(9) PRESENT
POSTOFFICE
OF FATHER(10) COLOR
OR
RACE(11) AGE AT LAST
BIRTHDAY

(12) BIRTHPLACE

(13) OCCUPATION

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

MOTHER

(15) NAME BEFORE
MARRIAGE(16) PRESENT
POSTOFFICE
OF MOTHER(18) COLOR
OR
RACE(17) AGE AT LAST
BIRTHDAY

(19) BIRTHPLACE

(20) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 10:00 A.M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
tal report.

(26) Witness

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

(27) Date

Oct 7 1922

(28)

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