

(1) PLACE OF BIRTH

County of E. A. HouseTownship of June BrookInc. Town of June Brook S.E.

City of _____

(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

10206

Registered No. 40
(For use of Local Registrar)

St. _____ Ward _____

(2) Full Name of Child Luzie Gates

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

(7) SEX OR GIRL	(8) Twin or Triplet? <u>#1</u>	(9) Number in order of birth <u>3</u>	(10) Are Parents Married? <u>yes</u>	(11) DATE OF BIRTH <u>April 15 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(12) FULL NAME Paul Gates(13) PRESENT POSTOFFICE OF FATHER Ellen(14) COLOR OR RACE Negro (15) AGE AT LAST BIRTHDAY 25
(Year)(16) BIRTHPLACE S.C.(17) OCCUPATION Farmer(18) Number of children born to mother, including present birth 3

MOTHER.

(19) NAME BEFORE MARRIAGE Mattie Cullor(20) PRESENT POSTOFFICE OF MOTHER Ellen S.C.(21) COLOR OR RACE Negro (22) AGE AT LAST BIRTHDAY 19
(Year)(23) BIRTHPLACE S.C.(24) OCCUPATION Wife(25) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(26) I hereby certify that I attended the birth of this child, who was live at 7⁰⁰ M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(27) (Signature) Martha B. Brantley(28) State whether Physician or Midwife Physician or Midwife (29) Address of Physician or Midwife Wayles S.E.

Given name added from a supplemental report.

(30) Witness Mrs. J. D. Stordennie
(Signature of Witness necessary only when question 23 is signed by mark)(31) Date April 19 1922 (32) J. D. Stordennie Local Registrar

When there was no attending physician or midwife, then the father, householder, or 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.