

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8.

(1) PLACE OF BIRTH

County of OrangeburgTownship of Palmer

Inc. Town of

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

Registration District No. 3618

File No.—For State Registrar

4900

Registered No. 6
(For use of Local Registrar)(2) Full Name of Child Diana Gadsden

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

(3) BOY OR GIRL Boy(4) Twin or Triplet None

To be answered only in case of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married Yes

(7) DATE OF BIRTH

Feb 13 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Harley Gadsden

(9) PRESENT POSTOFFICE OF FATHER

Vance St

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

24
(Year)

(12) BIRTHPLACE

Orangeburg S.C.

(13) OCCUPATION

Farmer

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

4

MOTHER.

(14) NAME BEFORE MARRIAGE

Mariah Gadsden

(16) PRESENT POSTOFFICE OF MOTHER

Vance St

(18) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

22
(Year)

(19) BIRTHPLACE

Orangeburg S.C.

(21) OCCUPATION

Housewife

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

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(24) (Signature)

Dora Williams

(25) State whether Physician or Midwife

(26) Address of Physician or Midwife

Vance St

Given name added from a supplemental report

(27) Witness

A. C. Wanthlen

(Signature of Witness necessary only when question 22 is signed by mark)

(28) Filed

Mar 3 1923

(29)

W. A. Wanthlen
Local Registrar19
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.