

Form No. 1

## (1) PLACE OF BIRTH

County of Dillon  
 Township of Patton  
 of Talia  
 Inc. Town of .....  
 or .....  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

3672

Registration District No. 160.6Registered No. 12  
(For use of Local Registrar)

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

## (2) Full Name of Child

Gaspar Gerley

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 July 23  
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Willson Gerley  
 (9) PRESENT POSTOFFICE OF FATHER Latta S.C.  
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 29  
 (12) BIRTHPLACE Wilmington C.  
 (13) OCCUPATION Householder  
 (20) Number of children born to mother, including present birth 7

## MOTHER.

(14) NAME BEFORE MARRIAGE Kassie Bender  
 (15) PRESENT POSTOFFICE OF MOTHER Latta S.C.  
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 29  
 (18) BIRTHPLACE Wilmington C.  
 (19) OCCUPATION Housekeeper  
 (21) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was... born at 3 P.M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. J. ...(24) State whether Physician or Midwife(25) Address of Physician or Midwife Talia S.C.

(Given name added from a supplemental report)

(26) Witness .....

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

(27) Filed 2/27 19 23 (28) W. J. Rogers  
 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.