

(1) PLACE OF BIRTH

County of Madison
 Township of Calypso
 or
 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
31198

Registration District No. 4501 Registered No. 34
 (For use of Local Registrar)

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

(2) Full Name of Child Maggie Mae Gable 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 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 15 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Joseph Scott Gable
 (9) PRESENT POSTOFFICE OF FATHER Madison, S.C. R.F.D.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23 (Years)
 (12) BIRTHPLACE Calypso S.C.
 (13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Maggie Mae Phillips
 (15) PRESENT POSTOFFICE OF MOTHER Madison, S.C. R.F.D.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Years)
 (18) BIRTHPLACE Calypso S.C.
 (19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was... born alive ...at 1 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) J. J. Morgan

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Madison, 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 Sept 24 1922 (28) J. J. Morgan 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.

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MAKING UNREMOVED AND BINDING.

PLAINLY, WITH EMPHASIS, IN A BOLD, CLEAR, AND READABLE HAND, IN INK, AND IN THE PRESENCE OF A JURY OF PEERS, IN THE COURT OF THE STATE OF SOUTH CAROLINA, IN THE COUNTY OF MADISON, IN THE TOWNSHIP OF CALYPSO, IN THE REGISTRATION DISTRICT OF 4501, ON THE 15TH DAY OF SEPTEMBER, 1922, AT 1 P.M., I, J. J. MORGAN, LOCAL REGISTRAR, DO HEREBY CERTIFY THAT I HAVE ATTENDED THE BIRTH OF THIS CHILD, WHO WAS BORN ALIVE, AND THAT I HAVE MADE THIS RETURN.

RECEIVED OF COLUMBIA, COLUMBIA, S.C.