

(1) PLACE OF BIRTH

Country of Berkeley
 Township of St. James
 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

10135

Registration District No. 204Registered No.
(For use of Local Registrar)

(No. St.; Ward)

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

(2) Full Name of Child

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

(3) BOY OR GIRL

Girl

(4) Twin or Triplet?

one

(5) Number in order of birth

one

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Feb 22 1922

To be answered only in event of Twins or Triplets

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME

Lewis Gadsden

(14) NAME BEFORE MARRIAGE

2

(9) PRESENT POSTOFFICE OF FATHER

Jamestown

(15) PRESENT POSTOFFICE OF MOTHER

Jamestown

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

27

(Years)

(16) COLOR OR RACE

negro

(17) AGE AT LAST BIRTHDAY

30

(Years)

(12) BIRTHPLACE

Berkeley

(18) BIRTHPLACE

Georgia

(13) OCCUPATION

Public work

(19) OCCUPATION

House work

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

Four

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

Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature)

Lucy Parker

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife Jamestown

Given name added from a supplemental report

(26) Witness

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

(27) Used

APR 24 1922

(28)

C. W. Wark

Registrar

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.