(1) PLACE OF BIRTH

County of Georgetown

Township of Calfeton No 6

or

Inc. Town of .....

or

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

43899

Registration District No. 2105 Registered No. 11
(For use of Local Registrar)

(No. ..... St. ..... Ward)

(2) Full Name of Child Geneline Gaude

If child is not yet named, make supplemental report when named.

(3) BOY OR GIRL: Girl

(4) Twin or Triplet

(5) Number in order of birth

(6) Are twins identical?

(7) DATE OF BIRTH: 7-2-8 (Month) (Day) (Year)

To be answered only in event of Twin or Triplet

FATHER.

(8) FULL NAME: Walter Gaude

(9) PRESENT POSTOFFICE OF FATHER: Hemingway

(10) COLOR OR RACE: White

(11) AGE AT LAST BIRTHDAY: 24 (Years)

(12) BIRTHPLACE: Georgetown Co

(13) OCCUPATION: Farmer

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

MOTHER.

(14) MAIDEN NAME: Mary [illegible]

(15) PRESENT POSTOFFICE OF MOTHER: Hemingway

(16) COLOR OR RACE: White

(17) AGE AT LAST BIRTHDAY: 19 (Years)

(18) BIRTHPLACE: Georgetown Co

(19) OCCUPATION: Housewife

(20) 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 6 P. M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) A [illegible]

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Hemingway

Given name added from a supplemental report

..... 19 .....
Registrar

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

(27) Filed ..... 19 24 (28) J. M. McCracken
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.