

(1) PLACE OF BIRTH

County of Jasper
 Township of Gaston

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

File No.—For State Registrar Only

43319

Registration District No. 3600 Registered No. 123
 (For use of Local Registrar)

St.; Ward)
 (No.)
 (If child is not yet named, make supplemental report as directed)

(2) Full Name of Child

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? No

(5) Number in order of birth 1
 (To be entered only in case of twins or triplets)

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Dec. 17
 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME H. K.

(9) PRESENT POSTOFFICE OF FATHER H. K.

(10) COLOR OR RACE W. K.

(11) AGE AT LAST BIRTHDAY 20
 (Years)

(12) BIRTHPLACE W. K.

(13) OCCUPATION W. K.

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

MOTHER

(14) NAME BEFORE MARRIAGE Grace Roundtree

(15) PRESENT POSTOFFICE OF MOTHER Ridgeland, S. C.

(16) COLOR OR RACE W. K. (17) AGE AT LAST BIRTHDAY 20
 (Years)

(18) BIRTHPLACE S. C.

(19) OCCUPATION Cook

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

(23) (Signature) B. L. M.
 (24) State whether Physician or Midwife

Given name added from a supplemental report

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

(26) Filed 12/17 191 5 (27) Louis M. Shaw
 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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