

## (1) PLACE OF BIRTH

County of Kershaw  
 Township of Flat Rock  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

Registration District No. 27

File No. — For State Registrar Only

7-70Registered 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 Herbert J. Gaskin

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

(3) BOY OR GIRL? Boy(4) Twin or Triplet? ✓  
To be answered only in event of Twins or Triplets(5) Number in order of birth ✓(6) Are Parents Married? yes7) DATE OF BIRTH Feb. 15 23  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME William Joseph Gaskin(9) PRESENT POSTOFFICE OF FATHER Hesterlee S.C. #2(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38  
(Years)(12) BIRTHPLACE Kershaw Co. S.C.

(13) OCCUPATION

Farming(20) Number of children born to mother, including present birth 15

## MOTHER.

(14) NAME BEFORE MARRIAGE Minnie Johnson(15) PRESENT POSTOFFICE OF MOTHER Hesterlee S.C. #2(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27  
(Years)(18) BIRTHPLACE Chesapeake Co. S.C.

(19) OCCUPATION

Housewife(21) Number of children of this mother now living, including present birth 15

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 2:00 P.M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. R. Belk M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

PhysicianKershaw S.C.

Given name added from a supplemental report

Minnie Johnson  
Feb 23 1924  
Registration

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

(27) Filed 4/10 1923 (28) J. R. Belk 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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