

## (1) PLACE OF BIRTH

County of YorkTownship of Black CreekInc. Town of YorkCity of York

(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

No. 10. - For State Registrar Use

7683

Registration District No. 3100 Registered No. 10

(For use of Local Registrar)

## (2) Full Name of Child

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

1) BOY OR GIRL <u>Boy</u>	2) Twin or Triplet <u>No</u> To be answered only in event of Twin or Triplet	3) Number in order of birth <u>1</u>	4) Are Parents Married <u>Yes</u>	5) DATE OF BIRTH <u>Feb 13 1923</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
6) FULL NAME <u>W. O. Gantt</u>			14) NAME BEFORE MARRIAGE <u>W. O. Gantt</u>	
7) PRESENT POSTOFFICE OF FATHER <u>Black Creek</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Black Creek</u>	
10) COLOR OR RACE <u>White</u>			16) COLOR OR RACE <u>White</u>	
11) AGE AT LAST BIRTHDAY <u>18</u> (Year)			17) AGE AT LAST BIRTHDAY <u>32</u> (Year)	
12) BIRTHPLACE <u>Black Creek</u>			18) BIRTHPLACE <u>Black Creek</u>	
13) OCCUPATION <u>Farmer</u>			19) OCCUPATION <u>Farmer</u>	
20) Number of children born to mother, including present birth <u>1 (see 3)</u>			21) Number of children of this mother now living, including present birth <u>Three (3)</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. O. Gantt  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Apr. 10 1923 W. O. Gantt 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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