

Form No. 3

(1) PLACE OF BIRTH

County of Berkley
Township of St. Stephens
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

3266

Registration District No. 705 Registered No. 9
(For use of Local Registrar)

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

(2) Full Name of Child Robert Gadsden { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL B (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Feb. 3, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Isaiah Gadsden
(9) PRESENT POSTOFFICE OF FATHER St. Stephens
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 42.....
(Years)
(12) BIRTHPLACE Willamsville
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth 1 ~~10~~ 9

MOTHER.

(14) NAME BEFORE MARRIAGE Susan Rogers
(15) PRESENT POSTOFFICE OF MOTHER St. Stephens R.R.
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 23.....
(Years)
(18) BIRTHPLACE Pineville
(19) OCCUPATION Farm-wife
(21) Number of children of this mother now living, including present birth 1 ~~10~~ 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Annie Eliza Gadsden
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Willamsville

Given name added from a supplemental report

CO #17,174
Filed Aug 31 1922
Registrar

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

(27) Filed Feb. 28, 1922 (28) M. D. Frazier
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.

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

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