

(1) PLACE OF BIRTH

County of *Charleston*Township of *St. Andrew*

Inc. Town of

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-TO THE BUREAU

800

Registration District No. *909* Registered No. *15*

(For use of Local Registrar)

(No. *North Charleston* Ward)(2) Full Name of Child *Martin Gantt* (If child is not yet named, make supplemental report as directed)(3) SEX OR *Boy* (4) Twin or Triplet (5) Number in order of birth (6) No. of children born (7) DATE OF BIRTH *Jan 27, 23* (Month of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Martin Gantt*(9) PRESENT RESIDENCE OF FATHER *North Charleston*(10) COLOR OR RACE *Col* (11) AGE AT LAST BIRTHDAY *27* (Year)(12) BIRTHPLACE *Charleston Co*(13) OCCUPATION *Laborer at Peds Shop*(14) Number of children born to mother, including present birth *1*

MOTHER.

(14) NAME BEFORE MARRIAGE *Annie Louise Mayock*(15) PRESENT RESIDENCE OF MOTHER *North Charleston*(16) COLOR OR RACE *Col* (17) AGE AT LAST BIRTHDAY *28* (Year)(18) BIRTHPLACE *McClennanville, S.C.*(19) OCCUPATION *House work*(20) Number of children of this mother now living, including present birth *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was *born alive* at *1:25 P* M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) *Hattie Smith*(23) State whether Physician or Midwife *Midwife*(24) Address of Physician or Midwife *North Charleston*

Given name added from a supplemental report

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

(26) Filed *Feb 7, 23* (27) *C. F. Myers* 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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