

(1) PLACE OF BIRTH

County of SumterTownship of Yorkville

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

5995

Registration District No. 4209 Registered No. 19

(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 Carol Ledley Gault ☐ child is not yet named, make supplemental report as directed

(3) BOY OR GIRL

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

Jan 2 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

C. Ledley Gault

(9) PRESENT POSTOFFICE OF FATHER

Jamesville

(10) COLOR OR RACE

W(11) AGE AT LAST BIRTHDAY 30
(Years)

(12) BIRTHPLACE

Union Co.

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Anna Bentz Henry

(15) PRESENT POSTOFFICE OF MOTHER

Jamesville

(16) COLOR OR RACE

W(17) AGE AT LAST BIRTHDAY 22
(Years)

(18) BIRTHPLACE

Union Co.

(19) OCCUPATION

Domestic

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

1

(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 at 1:30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

Dr. J. H. Davis

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 1/21922

(28)

Geo. L. Wynn

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.