

Form No. 3

(1) PLACE OF BIRTH

County of WayneTownship of Trinity Creekor
Inc. Town of

City of

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

(2) Full Name of Child Arthur G. GissetNo. for State Register only
21469Registration District No. 2509Registered No. 12
(For use of Local Registrar)

(3) BOY OR GIRL <u>Boy</u>	(4) Type of birth <u>Normal</u>	(5) Number in order of birth <u>1</u>	(6) Date of birth <u>Jan 10 1923</u>	(7) Time of birth <u>5:30</u>	(8) Place of birth <u>Home</u>
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FATHER		MOTHER	
(9) FULL NAME <u>W. Sales</u>	(10) NAME BEFORE MARRIAGE <u>Bertha G. Gisset</u>	(11) PRESENT ADDRESS OF FATHER <u>2401 N. C.</u>	(12) PRESENT ADDRESS OF MOTHER <u>Louis SC</u>
(13) COLOR OR RACE <u>White</u>	(14) COLOR OR RACE <u>Colored</u>	(15) BIRTHPLACE <u>Columbia Co. N.C.</u>	(16) BIRTHPLACE <u>Wayne County, Ga.</u>
(17) DATE AT LAST BIRTHDAY <u>78</u>	(18) DATE AT LAST BIRTHDAY <u>1900</u>	(19) OCCUPATION <u>Public works</u>	(20) OCCUPATION <u>Domestic Laborer</u>
(21) Number of children born to mother, including present birth <u>1</u>	(22) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born alive or stillborn (How A. M. or P. M.)
on the date above stated.

(24) (Signature) B. G. Gisset

(25) State whether Physician or Midwife

(26) Address of Physician or Midwife
Louis #3 or

Given name added from a supplementary report

(27) Witness (Signature of Witness necessary only when question 23 is signed by mark)
John D. Gisset

(28) Date Feb 10 1923

(29) Local Registrar
John D. Gisset

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.