

Form No. 1.

1. PLACE OF BIRTH

County of Bladen

Township of Bladen

Inc. Town of Bladen

City of Bladen

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

Registration District No. 1708

Registered No. 1321

(For use of Local Registrar)

St. Bladen Ward 1

2. Full Name of Child Angel G. G.

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

3. SEX OR Male

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH May 1, 1921

FATHER.

8. FULL NAME James Lewis G. G.

(9) PRESENT POSTOFFICE OF FATHER Bladen

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 25

(Years)

(12) BIRTHPLACE Bladen

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, was present at Bladen on the date above stated.

(23) (Signature) James Lewis G. G.

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Bladen

(When there was no attending physician or midwife, the report should be made by the mother or other person present at the birth.)

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

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