

**N. B.—**In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OFFICE, No. 2, etc., in question 5.

## (1) PLACE OF BIRTH

County of Wagoner  
Township of East  
or  
Inc. Town of .....  
or  
City of .....

(No. \_\_\_\_\_ St. \_\_\_\_\_)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Meridenhall Gustin

(3) BOY OR GIRL? *2*

(4) Twin or Triplet?

(5)	Number in order of birth
event of Twins or Triplets	

(6) Are Parents Married? *Yes*

(7) DATE OF BIRTH... Oct 5 1916

## FATHER

(8) FULL NAME Al L. Lantieri

(9) PRESENT POSTOFFICE OF FATHER *Lina Lee*

(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *35*

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to mother, including present birth: 6

**File No. For State Registrar Only**

85962

# CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

Registration District No. 2400

**Registered No.** .....  
**(For use of Local Registrar)**

St.; ..... Ward)

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

**MOTHER**

(14) NAME BEFORE MARRIAGE *Lucile Th. [illegible]*

(15) PRESENT POSTOFFICE OF MOTHER *L. M. Hall*

(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *34*

(18) BIRTHPLACE

(19) OCCUPATION \_\_\_\_\_

(21) Number of children of this mother  
now living, including present birth

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 M.  
on the date above stated. 3 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. H. H. H. H. H.  
 (24) State whether Physician or Midwife | (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed April 13 1946 (28) W.C. Jackson  
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.