

MARGIN RESERVED FOR BINDING. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5. McCaw, of Columbia.

(1) PLACE OF BIRTH
 County of Marion
 Township of Marion
 or
 Inc. Town of Registration District No. 3003 Registered No. 6
 or
 City of (No. St.: Ward)
 (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 No.—For State Registrar Only
46798

(2) Full Name of Child Gussie Anthony { If child is not yet named, make supplemental report as directed

| | | | | |
|--|---|---------------------------------|---|---|
| (3) BOY OR GIRL? <u>girl</u> | (4) Twin or Triplet? | (5) Number in order of birth | (6) Are Parents Married? <u>ye</u> | (7) DATE OF BIRTH <u>January 1916</u> (Name of Month (Day) (Year)) |
| FATHER. | | | MOTHER. | |
| (8) FULL NAME <u>Frank Anthony</u> | | | (14) NAME BEFORE MARRIAGE <u>Hattie Bell</u> | |
| (9) PRESENT POSTOFFICE OF FATHER <u>Mullins RD 3</u> | | | (15) PRESENT POSTOFFICE OF MOTHER <u>Mullins RD 3</u> | |
| (10) COLOR OR RACE <u>negro</u> | (11) AGE AT LAST BIRTHDAY <u>24</u> (Years) | (16) COLOR OR RACE <u>negro</u> | (17) AGE AT LAST BIRTHDAY <u>22</u> (Years) | |
| (12) BIRTHPLACE <u>Marion township</u> | | | (18) BIRTHPLACE <u>Rowal Township</u> | |
| (13) OCCUPATION <u>Form laboro</u> | | | (19) OCCUPATION <u>Form laboro</u> | |
| (20) Number of children born to mother, including present birth { <u>1</u> } | | | (21) Number of children of this mother now living, including present birth { <u>1</u> } | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Lucy Goodhead

(24) State whether Physician or Midwife (25) Address of Physician or Midwife midwife

Given name added from a supplemental report

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

(27) Filed 1/15 1916 (28) L. J. Page 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.

*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.