

Form No 1.

## (1) PLACE OF BIRTH

County of SumterTownship of Concordor  
Inc. Town of

City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

92782

Registration District No. 4100Registered No. 7  
(For use of Local Registrar)City of ..... (No. .... St. .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Lillie Lorraine Gauth If child is not yet named, make supplemental report as directed

(3) <del>BOY</del> OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth <small>To be answered only in event of Twins or Triplets</small>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec. 30</u> 19 <u>17</u> <small>(Name of Month) (Day) (Year)</small>
-----------------------------	----------------------	--	-------------------------------------	--

## FATHER.

(8) FULL NAME Paul Gauth(9) PRESENT POSTOFFICE OF FATHER Sumter S.C.(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 27 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Minnie Gauth(15) PRESENT POSTOFFICE OF MOTHER Sumter S.C.(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was ..... at ..... M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) E. Elizabeth Harrison(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
midwife Sumter S.C.

Given name added from a supplemental report

....., 191.....

..... Registrar

(26) Witness E. S. Newman  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 4/17 1917. (28) A. J. Newman Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before fifth month of pregnancy.

MARGIN RESERVED FOR FILING.

WRITES PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCraw, of Columbia.