

(1) PLACE OF BIRTH
 County of Carrollton
 Township of 7
 or
 Inc. Town of Registration District No. 2106 Registered No. 79
 or
 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 Mathis Gunn } If child is not yet named, make supplemental report as directed

File No.—For State Registrar Only
85709

(3) BOY OR GIRL? Girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Mar. 12, 1916
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Flaveler Gunn
 (9) PRESENT POSTOFFICE OF FATHER Waverly Mills, S. C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 50
 (12) BIRTHPLACE South Carolina
 (13) OCCUPATION Carpenter
 (20) Number of children born to mother, including present birth { }

MOTHER.

(14) NAME BEFORE MARRIAGE Sarah Gaillard
 (15) PRESENT POSTOFFICE OF MOTHER Waverly Mills, S. C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 35
 (18) BIRTHPLACE South Carolina
 (19) OCCUPATION House wife
 (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 2 A. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Stewart Brown
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife Waverly Mills, S. C.

Given name added from a supplemental report
 191.....

 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Mar. 14, 1916 (28) Lucille S. Smith
Deputy 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.

MARGIN RESERVED FOR BINDING.
 WRITE 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.