

(1) PLACE OF BIRTH
County of Chester
Township of Barton Range
or
Inc. Town of _____
City of _____
(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
88957

Registration District No. 1100 Registered No. 59
(For use of Local Registrar)

(2) Full Name of Child Isotthy Hermes Gaston If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Male (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 12 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME John Hermes Gaston
(9) PRESENT POSTOFFICE OF FATHER Lowryville R.R. 2d
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 26 (Years)
(12) BIRTHPLACE Chester County, S.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 1

MOTHER.
(14) NAME BEFORE MARRIAGE Essie Maud Clark
(15) PRESENT POSTOFFICE OF MOTHER Lowryville R.C. R.R. 2d
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 21 (Years)
(18) BIRTHPLACE Summerville County, S.C.
(19) OCCUPATION domestic
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 12 40 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) George A. Hermes (24) State where Physician or Midwife South Carolina (25) Address of Physician or Midwife Chester, 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 Jan 4 1917 (28) J. C. Connolly 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.
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WHITE 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.
McCaw, of Columbia.