

## (1) PLACE OF BIRTH

County of *Lexington*Township of *Baileys Springs*Incl. Town of  
or

City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

31123

Registration District No. *2109*Registered No. *96*

(For use of Local Registrar)

(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. *Father McLean Gable* { If child is not yet named, make supplemental report as directed(1) BOY OR GIRL? *Boy*

(4) Twin or triplet?

(5) Number in order of birth

To be answered only in event of twin or triplet

(6) Are Parents Married? *yes*

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

*Oliver Attie Gable*

(9) PRESENT POSTOFFICE OF FATHER

*Lexington, S.C.*

(10) COLOR OR RACE

*white*

(11) AGE AT LAST BIRTHDAY

*38*  
(Years)

(12) BIRTHPLACE

*Lexsville, S.C.*

(13) OCCUPATION

*Operator in Cotton Mill*

(14) Number of children born to mother, including present birth

*5*

## MOTHER.

(14) NAME BEFORE MARRIAGE

*Leslie Corie Smith*

(15) PRESENT POSTOFFICE OF MOTHER

*Lexington, S.C.*

(16) COLOR OR RACE

*white*

(17) AGE AT LAST BIRTHDAY

*38*  
(Years)

(18) BIRTHPLACE

*Hubert*

(19) OCCUPATION

*Home*

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

*2*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *11 P.* M., on the date above stated, (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*Physician**Lexington, S.C.*

Given name added from a supplemental report

121.....

Registrar

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

(27) Filed *OCT 9, 1912*(28) *Mrs. C. E. Taylor*  
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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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.

Cav. of Columbia

MADE