

(1) PLACE OF BIRTH
 County of *Williamsburg*
 Township of *Ridge*
 or
 Inc. Town of
 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
47665

(2) Full Name of Child *Pheobe Jane Gathers* ... { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? *girl* (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? *yes* (7) DATE OF BIRTH *Jan. 1, 1916*
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME *Ed. Gathers*
 (9) PRESENT POSTOFFICE OF FATHER *Cades S.C.*
 (10) COLOR OR RACE *negro* (11) AGE AT LAST BIRTHDAY *30* (Years)
 (12) BIRTHPLACE *Williamsburg*
 (13) OCCUPATION *Farm hand*
 (20) Number of children born to mother, including present birth { *5*

MOTHER.
 (14) NAME BEFORE MARRIAGE *Sarah Jones*
 (15) PRESENT POSTOFFICE OF MOTHER *Cades S.C.*
 (16) COLOR OR RACE *negro* (17) AGE AT LAST BIRTHDAY *27* (Years)
 (18) BIRTHPLACE *Williamsburg Co*
 (19) OCCUPATION *Farm hand*
 (21) Number of children of this mother now living, including present birth { *5*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) *S. Sarah H. Harris, midwife*
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
Cades 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. 15 1916* (28) *J. F. Epp* 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.