

FORM NO. 10. MARGIN RESERVED FOR ENDING. WHITE PLAINS, WITH UNFOLDING INN—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.

(1) PLACE OF BIRTH
 County of Hampton
 Township of Gwynne
 OR
 Inc. Town of Surray
 OR
 City of

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. ~~52539~~ Registrar Only
52539

Registration District No. 2400 Registered No. 19
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.) St.: Ward)

(2) Full Name of Child Elizabeth Mary Gifford If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Mar. 4 1916
(To be completed only in case of Twins or Triplets) (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME H. E. Gifford
 (9) PRESENT POSTOFFICE OF FATHER Gifford, S. C.
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 53
 (12) BIRTHPLACE Hampton Co
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 2

MOTHER.
 (14) NAME BEFORE MARRIAGE Hellie Solomons
 (15) PRESENT POSTOFFICE OF MOTHER Gifford, S. C.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 33
 (18) BIRTHPLACE Hampton Co
 (19) OCCUPATION Housewife
 (21) 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 born alive 1:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. C. Foltz
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife M. D. Brunson, 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. 8, 1916 (28) Mrs. W. D. Vincent 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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