

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

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

74799

Registration District No. 4007 Registered No. 98

(For use of Local Registrar)

(2) Full Name of Child Mary Louella Gaston

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 2 | (6) Are Parents Married? Yes | (7) DATE OF BIRTH Aug 7 1916 (Name of Month) (Day) (Year) |
|-------------------------|----------------------------|-----------------------------------|---------------------------------|-----------------------------------------------------------------|

FATHER.

(8) FULL NAME Peter W Gaston

(9) PRESENT POSTOFFICE OF FATHER Perdisville S C

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37 (Years)

(12) BIRTHPLACE Perdisville S C

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Pearson

(15) PRESENT POSTOFFICE OF MOTHER Perdisville S C

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Years)

(18) BIRTHPLACE Perdisville S C

(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 alive at 6 P. M. on the date above stated. (Born alive or stillborn) (Hour of M. or P. M.)

(23) (Signature) D O Leannon M.D. (24) State whether Physician or Midwife (25) Address of Physician or Midwife Richville

Given name added from a supplemental report

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Registrar

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

(27) Filed 1916 (28) 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 MAINLY, 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.