

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only
74799

County of York STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
Township of Perdiddle State Board of Health
Inc. Town of Registration District No. 1007 Registered No. 98
(For use of Local Registrar)
City of (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 Margaretta L. 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 July 7, 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Victor W. Gaston
(9) PRESENT POSTOFFICE OF FATHER Perdiddle S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37 (Years)
(12) BIRTHPLACE Perdiddle 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 Perdiddle S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Years)
(18) BIRTHPLACE Perdiddle 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. Leavander M.D.
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Richville

Given name added from a supplemental report
..... 191.....
..... Registrar

(26) Witness [Signature]
(Signature of Witness necessary only when question 23 is signed by marks)
(27) Filed [Signature] 1916 (28) [Signature] 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.