

WRITE PLAINLY, 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.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Jasper</u>		STATE OF SOUTH CAROLINA		86140	
Township of <u>Cobsawatchie</u>		Bureau of Vital Statistics			
or Inc. Town of		State Board of Health			
or City of		Registration District No. <u>26.0.0.</u>		Registered No. <u>4.8</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. St.; Ward)		(For use of Local Registrar)	
(2) Full Name of Child <u>Jane Gaddson</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Oct. 2, 1916</u> (Name of Month) (Day) (Year)	
FATHER			MOTHER		
(8) FULL NAME <u>Johnnie Gaddson</u>			(14) NAME BEFORE MARRIAGE <u>Julia Jackson</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Sheldon, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>J. Sheldon S.C.</u>		
(10) COLOR OR RACE <u>col</u>	(11) AGE AT LAST BIRTHDAY <u>32</u> (Years)	(16) COLOR OR RACE <u>col</u>		(17) AGE AT LAST BIRTHDAY <u>29</u> (Years)	
(12) BIRTHPLACE <u>Cocotaligo, S.C.</u>			(18) BIRTHPLACE <u>S.C.</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Farmer</u>		
(20) Number of children born to mother, including present birth <u>4</u>			(21) Number of children of this mother now living, including present birth <u>4</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>2</u> P. M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.					
(23) (Signature) <u>Rebecca Crawford</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Physician or Midwife <u>Sheldon, S.C.</u>					
Given name added from a supplemental report, 191....			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
....., 191....			<u>10/11/16</u>		
Registrar			(27) Filed <u>10/11/16</u> (28) <u>Louis McGam</u> 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.