

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 McCaw, of Columbia.

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**
 County of *Abbeville* STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 Township of *Donalds* State Board of Health

File No.—For State Registrar Only
45120

Inc. Town of Registration District No. *106* Registered No. *87*
 or (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 *Miola Gilbert* } If child is not yet named, make supplemental report as directed

(3) ~~BOY OR GIRL?~~ (4) Twin or Triplet? (5) Number in order of birth *10* (6) Are Parents Married? *yes* (7) DATE OF BIRTH *Jan 4, 1916*
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Janus Gilbert*
 (9) PRESENT POSTOFFICE OF FATHER *Donalds*
 (10) COLOR OR RACE *black* (11) AGE AT LAST BIRTHDAY *40* (Years)
 (12) BIRTHPLACE *Greenwood co.*
 (13) OCCUPATION *Farm Tenant*
 (20) Number of children born to mother, including present birth *10*

MOTHER.

(14) NAME BEFORE MARRIAGE *Mary L. Wood*
 (15) PRESENT POSTOFFICE OF MOTHER *Donalds*
 (16) COLOR OR RACE *Black* (17) AGE AT LAST BIRTHDAY *35* (Years)
 (18) BIRTHPLACE *Greenwood co.*
 (19) OCCUPATION *House wife*
 (21) Number of children of this mother now living, including present birth *7*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *8:30 P.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Annie Gilbert*
 (24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *Donalds, S.C.*

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

(26) Witness *D.W.H.*
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed *Jan 10, 1916* (28) *H. M. ...* 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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