

FORM NO. 3
 MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.
 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 Spartanburg
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health
 Township of Beulah Springs
 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.)
 Registration District No. 12000 Registered No. 39
 (For use of Local Registrar)

File No.—For State Registrar Only
70381

(2) Full Name of Child Annie Bell Gurdett

(3) BOY OR GIRL girl (4) Twin or Triplet? (5) Number in order of birth X (6) Are Parents Married? yes (7) DATE OF BIRTH June 8 1916
(To be answered only in case of twins or triplets) (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME John Jackson Gurdett
 (9) PRESENT POSTOFFICE OF FATHER Wellford S.C.
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 33 (Years)
 (12) BIRTHPLACE Greenville Co. S.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth Eight (8)

MOTHER.
 (14) NAME BEFORE MARRIAGE Inez Rogers
 (15) PRESENT POSTOFFICE OF MOTHER Wellford S.C.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 32 (Years)
 (18) BIRTHPLACE Spartanburg Co. S.C.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth Seven (7)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 7:45 P.M.
 on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) J. O. Gorman
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Wellford 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 Aug 15 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.
 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.