

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

74121

## (1) PLACE OF BIRTH

County of AdamsTownship of Wigatesor  
Inc. Town ofor  
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 3525 Registered No. 139

(For use of Local Registrar)

(2) Full Name of Child Sarah Syballe Gaine

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug. 25, 1916</u>
To be answered only in event of Twins or Triplets				(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Wyatt Gaine(9) PRESENT POSTOFFICE OF FATHER Westminster, S.C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 27 (Years)(12) BIRTHPLACE Georgia(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 9

## MOTHER.

(14) NAME BEFORE MARRIAGE Maude Colby(15) PRESENT POSTOFFICE OF MOTHER Westminster, S.C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 27 (Years)(18) BIRTHPLACE South Carolina(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 9

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Laura M. Colby(24) State whether Physician or Midwife Midwife (Address of Physician or Midwife) Westminster, 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) W. F. Sheldon(27) Filed Sept. 2, 1916 (28) W. F. Sheldon 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 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.

Caw. of Columbia.