

(1) PLACE OF BIRTH

County of UnionTownship of Parkway

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.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

75036

Registration District No. 4205 Registered No. 45

(For use of Local Registrar)

(2) Full Name of Child Gemie Gist { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes(7) DATE OF BIRTH Aug. 3, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Starkard Gist(9) PRESENT POSTOFFICE OF FATHER Adamsburg SC(10) COLOR OR RACE Black(11) AGE AT LAST BIRTHDAY 25
(Years)(12) BIRTHPLACE Union Co(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth { 5

MOTHER.

(14) NAME BEFORE MARRIAGE Emma Glenn(15) PRESENT POSTOFFICE OF MOTHER adamsburg(16) COLOR OR RACE Black(17) AGE AT LAST BIRTHDAY 23
(Years)(18) BIRTHPLACE Union Co(19) OCCUPATION Farmer(21) Number of children of this mother now living, including present birth { 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 11 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary Ann Wallall(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife Adamsburg

Given name added from a supplemental report

....., 191.....

..... Registrar

(26) Witness Mary Gist
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Aug 11 1916 (28) D. G. Gallimore 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.

McCaw, of Columbia.