

(1) PLACE OF BIRTH

County of Union
 Township of Pennington
 or
 Inc. Town of
 or
 City of (No. St.; Ward)
 (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. 48
 (For use of Local Registrar)

(2) Full Name of Child Jimmy Gist } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Aug. 3, 1916</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Starkard Gist</u>			(14) NAME BEFORE MARRIAGE <u>Emma Glenn</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Adamsburg SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>adamsburg</u>	
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)	(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)	
(12) BIRTHPLACE <u>Union Co</u>			(18) BIRTHPLACE <u>Union Co</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Farmer</u>	
(20) Number of children born to mother, including present birth } <u>5</u>			(21) Number of children of this mother now living, including present birth } <u>5</u>	

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 Midwife (25) Address of Physician or Midwife Adamsburg

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

 Registrar

(26) Witness Mary Sims
 (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.