

MARGIN RESERVED FOR HUSBAND'S SIGNATURE  
 WITHIN PLAINLY, WITH ENGLISH INK—THIS IS A PERMANENT RECORD, and mark the  
 N. B.—In case of TWINS OR TRIPLETS, make a SEPARATE BLANK FOR EACH CHILD, and mark the  
 FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 6.

# CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health

File No.—For State Registrar Only  
**341**

## (1) PLACE OF BIRTH

County of Beaufort  
 Township of Sheldon  
 or  
 Inc. Town of \_\_\_\_\_  
 or  
 City of \_\_\_\_\_

Registration District No. 603A

Registered No. \_\_\_\_\_  
 (For use of Local Registrar)

St.; \_\_\_\_\_ Ward  
 (No. \_\_\_\_\_)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 If child is not yet named, make supplemental report as directed

## (2) Full Name of Child Mary Ann

3) BOY OR GIRL <u>Boy</u>	4) Twin or Triplet?	5) Number in order of birth	6) Are Parents Married? <u>yes</u>	7) DATE OF BIRTH <u>Jan 27, 1922</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8) FULL NAME <u>Robert Gaskins</u>			14) NAME BEFORE MARRIAGE <u>Hannetta Green</u>	
9) PRESENT POSTOFFICE OF FATHER <u>Wade, S. C.</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Wade, S. C.</u>	
10) COLOR OR RACE <u>Negro</u>			16) COLOR OR RACE <u>Negro</u>	
11) AGE AT LAST BIRTHDAY <u>40</u> (Years)			17) AGE AT LAST BIRTHDAY <u>30</u> (Years)	
12) BIRTHPLACE <u>Beaufort Co., S. C.</u>			18) BIRTHPLACE <u>Beaufort Co., S. C.</u>	
13) OCCUPATION <u>Farmer</u>			19) OCCUPATION <u>Housewife</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>2</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE (Born alive or stillborn) (Hour A. M. or P. M.)

(22) I hereby certify that I attended the birth of this child, who was born alive at 2:00 P. M. on the date above stated.

(23) (Signature) Caroline A. Mitchell  
 (24) State whether Physician or Midwife  
midwife Address of Physician or Midwife  
Wade, S. C.

Given name added from a supplemental report \_\_\_\_\_  
 (25) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
J. R. Harrison  
 (26) Filed Feb. 6, 1922 (27) M. Harrison 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.