

## (1) PLACE OF BIRTH

County of Aspie  
 Township of Pocotaligo

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No. For State Registrar Only  
90432

Inc. Town of ..... Registration District No. 7601 Registered No. 76  
 (For use of Local Registrar)  
 City of ..... (No. .... St.; .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child. .... { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 6, 1916  
 (Name of Month) (Day) (Year)

## FATHER.

## MOTHER.

(8) FULL NAME James Gay Gaudon

(14) NAME BEFORE MARRIAGE Jinnie Barnes

(9) PRESENT POSTOFFICE OF FATHER Gillisonville

(15) PRESENT POSTOFFICE OF MOTHER Gillisonville

(10) COLOR OR RACE black (11) AGE AT LAST BIRTHDAY 20 (Years)

(16) COLOR OR RACE black (17) AGE AT LAST BIRTHDAY 24 (Years)

(12) BIRTHPLACE Gillisonville

(18) BIRTHPLACE Gillisonville

(13) OCCUPATION Farmer

(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth { one }

(21) Number of children of this mother now living, including present birth { one }

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive, at 3 ..... P.M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Emma Jane Gaudon

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

midwife Gillisonville

Given name added from a supplemental report

(26) Witness F. G. S. Ford  
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec 15, 1916 (28) R. W. Roberts, Jr.  
 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.