

(1) PLACE OF BIRTH

County of SpartanburgTownship of Spartanburgor  
Inc. Town ofor  
City of

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

(2) Full Name of Child Mary Elizabeth Gault

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes(7) DATE OF BIRTH June 5 1916  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Herbert F. Gault(9) PRESENT POSTOFFICE OF FATHER Glendale(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29 (Years)(12) BIRTHPLACE Glendale(13) OCCUPATION Merchandising(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Maggie L. Thomas(15) PRESENT POSTOFFICE OF MOTHER Glendale(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE Glendale(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

3

P.M.

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 P.M. on the date above stated. (Hour or P.M.)(23) (Signature) A. M. Dean

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

Physician Spartanburg R. 4

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed June 15 1916 (28) E. H. Poston 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.

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