

## (1) PLACE OF BIRTH

County of

Township of

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

75923

Registration District No.

802

Registered No.

131

(For use of Local Registrar)

St.; ..... Ward)

## (2) Full Name of Child

Gabriel Giverson

child is not yet named, make supplemental report as directed

(3) BOY OR

GIRL

(4) Twin

or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married?

(7) DATE OF

BIRTH

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Gabriel Giverson

(9) PRESENT POSTOFFICE OF FATHER

Ellora

(10) COLOR OR RACE

colored

(11) AGE AT LAST BIRTHDAY

20

(Years)

(12) BIRTHPLACE

St. Matthews

(13) OCCUPATION

Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE

Lula Dingle

(15) PRESENT POSTOFFICE OF MOTHER

Ellora

(16) COLOR OR RACE

colored

(17) AGE AT LAST BIRTHDAY

24

(Years)

(18) BIRTHPLACE

Columbia

(19) OCCUPATION

House Wife

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

6

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

3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive on the date above stated.

(Born alive or stillborn) at ..... (Hour A. M. or P. M.)

(23) (Signature)

R. H. Smith, M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Ellora S.C.

Given name added from a supplemental report

191.....

Registrar

(26) Witness

R. H. Smith, M.D.

(Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed

11-27-1916

W. H. Keller

Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this report 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.