

WITHIN PLAINLY, WITH UNFADING INK—FURNISH 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 8.
 M.C. 97, of Columbia.

(1) PLACE OF BIRTH
 County of Yamhill
 Township of Yamhill
 or
 Town of Waverly
 or
 City of St.
 (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
10015

(2) Full Name of Child Gorbis Huff Registered No. 10015
 (For use of Local Registrar)

(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 Aug. 30, 1911
To be answered only in event of Twins or Triplets. If child is not yet named, make supplemental report as directed. (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Blaise
 (9) PRESENT POSTOFFICE OF FATHER 11
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY (Years)
 (12) BIRTHPLACE —
 (13) OCCUPATION —
 (20) Number of children born to mother, including present birth 1

MOTHER.
 (14) NAME BEFORE MARRIAGE Lula Huff
 (15) PRESENT POSTOFFICE OF MOTHER Yamhill St
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY (Years) 20
 (18) BIRTHPLACE Yamhill St
 (19) OCCUPATION Per. W.
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at St. (Hour A. M. or P. M.)
 on the date above stated. (Born alive or stillborn)
 (23) (Signature) John T. Washburn
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Yamhill St

Given name added from a supplemental report
 _____, 191____
 _____ Registrar

(26) Witness _____ (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed _____ 191____ (28) _____ 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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