

(1) PLACE OF BIRTH

County of PershantTownship of W. C. C. C.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

43081

Registration District No. 2701 Registered No. 274

(For use of Local Registrar)

(2) Full Name of Child Hessie Gastin 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 1(6) Are Parents Married? yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Willie Gastin

(9) PRESENT POSTOFFICE OF FATHER

Cassides

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

45 (Years)

(12) BIRTHPLACE

Olarita

(13) OCCUPATION

Farming

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

3

MOTHER.

(14) NAME BEFORE MARRIAGE

Ann Gastin

(15) PRESENT POSTOFFICE OF MOTHER

Cassides

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

30 (Years)

(18) BIRTHPLACE

Olarita

(19) OCCUPATION

Farming

(20) 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 at 8:00 A.M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Betty Wall

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

Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Jan 1 1911

(28)

J. H. M. S. 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.

It is desired of stillbirths