CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
46348

(1) PLACE OF BIRTH

County of Greenville

Township of Glassy Mt.

or

Inc. Town of ..... Registration District No. 2215 Registered No. 4
(For use of Local Registrar)

or

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

(3) ~~BOY OR~~ GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
	To be answered only in event of Twins or Triplets		Yes	Jan. 27 1916 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Thomas Gossett	(14) NAME BEFORE MARRIAGE Lizzie Reid
(9) PRESENT POSTOFFICE OF FATHER Campobello S.C.	(15) PRESENT POSTOFFICE OF MOTHER Campobello S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Years)
(12) BIRTHPLACE Spartanburg Co. S.C.	(18) BIRTHPLACE Greenville Co. S.C.
(13) OCCUPATION Farming	(19) OCCUPATION Housewife
(20) Number of children born to mother, including present birth 1	(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 Born (Born alive or stillborn) at 10 A. M. (Hour A. M. or P. M.), on the date above stated.

(23) (Signature) J. E. Morrow

(24) State whether Physician or Midwife: Physician

(25) Address of Physician or Midwife: Campobello S.C.

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 Feb 2 1916. (28) J. W. Phillips
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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FILLET HORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Law, of Columbia.