

FORM NO. 10. 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.

(1) PLACE OF BIRTH
County of Florence
Township of Lee
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
55833

Registration District No. 2008 Registered No. 15-
(For use of Local Registrar)

(2) Full Name of Child George Gaskins { 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) Sex Male (7) DATE OF BIRTH Apr. 28 1916
(Name of Month) (Day) (Year)

FATHER. (8) FULL NAME Edward Gaskins (9) PRESENT POSTOFFICE OF FATHER Scranton S.C. (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 38 (Years) (12) BIRTHPLACE Florence Co. (13) OCCUPATION Farmer

MOTHER. (14) NAME BEFORE MARRIAGE Bettie Davis (15) PRESENT POSTOFFICE OF MOTHER Scranton S.C. (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 23 (Years) (18) BIRTHPLACE Williamsburg Co. (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth { 2 } (21) Number of children of this mother now living, including present birth { 2 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Thos. James (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Scranton S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) (27) Filed 11/27/1916 (28) P. L. Carter 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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