

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.

(1) PLACE OF BIRTH  
 County of Greenville  
 Township of Smith  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. .... St.; ..... Ward)  
 (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  
 72946

Registration District No. 2225 Registered No. 97  
 (For use of Local Registrar)

(2) Full Name of Child Malcolm Douglas Gossett If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <small>To be answered only in event of twins or triplets</small>	(5) Number in order of birth <u>0</u>	(6) Are Parents Married? <u>no</u>	(7) DATE OF BIRTH <u>Sept 6</u> 19 <u>14</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Walter E. Gossett</u>			(14) NAME BEFORE MARRIAGE <u>Annie J. Mathison</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Long Creek</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Long Creek</u>	
(10) COLOR OR RACE <u>white</u>		(11) AGE AT LAST BIRTHDAY <u>32</u> (Years)	(16) COLOR OR RACE <u>white</u>	
(12) BIRTHPLACE <u>Greenville Co.</u>			(17) AGE AT LAST BIRTHDAY <u>27</u> (Years)	
(13) OCCUPATION <u>Farmer</u>			(18) BIRTHPLACE <u>Durham Co.</u>	
(20) Number of children born to mother, including present birth <u>5</u>			(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth <u>5</u>			(21) Number of children of this mother now living, including present birth <u>Four</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 3 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E. D. ...

(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Home at the ...

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 Sept 28 19114 (28) C. D. ...  
 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.