(1) PLACE OF BIRTH

County of Greenville

Township of Greenville

or

Inc. Town of .....

or

City of Greenville (No. 120 Cleveland St.; ..... 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
89993

Registration District No. 22 A ..... Registered No. 503 ..... (For use of Local Registrar)

(2) Full Name of Child ..... { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet? (To be answered only in event of Twins or Triplets)	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
M			Yes	Dec. 31, 1916

FATHER.	MOTHER.
(8) FULL NAME: Thomas Gossett	(14) NAME BEFORE MARRIAGE: Sarah Jane Ford
(9) PRESENT POSTOFFICE OF FATHER: Greenville S. C.	(15) PRESENT POSTOFFICE OF MOTHER: Greenville S. C.
(10) COLOR OR RACE: W. (11) AGE AT LAST BIRTHDAY: 33 (Years)	(16) COLOR OR RACE: W. (17) AGE AT LAST BIRTHDAY: 22 (Years)
(12) BIRTHPLACE: Greenville County S. C.	(18) BIRTHPLACE: Spartanburg Co S. C.
(13) OCCUPATION: Mill Work	(19) OCCUPATION: House Work
(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 at 11 a. m. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) W. W. Gossett

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

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 Jan 1 1917 (28) C. C. Smith 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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