

MARGIN RESERVED FOR INDEXING.

IN THE CASE OF TWINS OR TRIPLETS, 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		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <i>Williamsburg</i>		STATE OF SOUTH CAROLINA		83854	
Township of <i>Johnson</i>		Bureau of Vital Statistics			
or Inc. Town of		State Board of Health			
City of		Registration District No. <i>4304</i>		Registered No. <i>1410</i>	
(No. St.; Ward)		(For use of Local Registrar)			
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <i>Leather Vismell Gaskins</i>					
(If child is not yet named, make supplemental report as directed)					
(3) BOY OR GIRL? <i>Girl</i>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH. Oct. 17, 19. (6)	
(Name of Month) (Day) (Year)					
FATHER.			MOTHER.		
(8) FULL NAME <i>Ezekiel T. Gaskins</i>			(14) NAME BEFORE MARRIAGE <i>Martha L. Chinnes</i>		
(9) PRESENT POSTOFFICE OF FATHER <i>Hemingway, S.C.</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Hemingway, S.C.</i>		
(10) COLOR OR RACE <i>White</i>	(11) AGE AT LAST BIRTHDAY <i>44</i>	(16) COLOR OR RACE <i>White</i>	(17) AGE AT LAST BIRTHDAY <i>38</i>		
(12) BIRTHPLACE <i>Florence Co., S.C.</i>	(18) BIRTHPLACE <i>Williamsburg Co., S.C.</i>				
(13) OCCUPATION <i>Merchant & Planter</i>	(19) OCCUPATION <i>Housewife</i>				
(20) Number of children born to mother, including present birth <i>Four</i>			(21) Number of children of this mother now living, including present birth <i>Four</i>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <i>born alive</i> at <i>6 A. M.</i> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <i>E. A. Summons, M.D.</i>			(25) Address of Physician or Midwife <i>Hemingway, S.C.</i>		
(24) State whether Physician or Midwife <i>Physician</i>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
			(27) Filed <i>Nov 10</i> to <i>4</i> (28) <i>L. L. G. A.</i> Local Registrar		
*When there was no attending physician or midwife, when 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.					

DEPT. OF HEALTH, COLUMBIA, S. C.