

## (1) PLACE OF BIRTH

County of RowTownship of Little RiverInc. Town of \_\_\_\_\_  
or  
or

City of \_\_\_\_\_

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
Registration District No. 2507 Registered No. 186  
(For use of Local Registrar)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

64836

(2) Full Name of Child Sylvester Gessitt

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>3</u> <small>Is to be entered only in case of Twins or Triplets</small>	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>May 26</u> <small>(Name of Month) (Day) (Year)</small>
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## FATHER.

(8) FULL NAME	(11) AGE AT LAST BIRTHDAY (Years)
(9) PRESENT POSTOFFICE OF FATHER	(12) BIRTHPLACE
(10) COLOR OR RACE	(13) OCCUPATION
(20) Number of children born to mother, including present birth <u>3</u>	

## MOTHER.

(14) NAME BEFORE MARRIAGE <u>Hattie Gessitt</u>	(17) AGE AT LAST BIRTHDAY (Years) <u>22</u>
(15) PRESENT POSTOFFICE OF MOTHER <u>Little River S.C.</u>	(18) BIRTHPLACE <u>Henry Co S.C.</u>
(16) COLOR OR RACE <u>negro</u>	(19) OCCUPATION <u>Farming</u>
(21) Number of children of this mother now living, including present birth <u>2</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at \_\_\_\_\_ at \_\_\_\_\_ M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Wm. L. Cochran M.D.(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Little River S.C.

Given name added from a supplemental report

(26) Witness \_\_\_\_\_ (Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed May 27 1916. (28) W. L. Cochran 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.

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.

McCaw, of Columbia.