

Form No. 10. MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH 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 Spartanburg
Township of

or
Inc. Town of
or
City of Spartanburg (No. 124 7 houses) (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
66140

Registration District No. 40-4 Registered No. 228
(For use of Local Registrar)

(2) Full Name of Child Margie Catherine Gainer 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) Are Parents Married? yes (7) DATE OF BIRTH June, 10, 1916
To be answered only in case of Twins or Triplets Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Burton K. Gainer
(9) PRESENT POSTOFFICE OF FATHER Spartanburg
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 30 (Years)

(12) BIRTHPLACE Anderson County
(13) OCCUPATION Telephone Lineman

(20) Number of children born to mother, including present birth Three (3)

MOTHER.
(14) NAME BEFORE MARRIAGE Annie Ledbetter
(15) PRESENT POSTOFFICE OF MOTHER Spartanburg SC
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 30 (Years)

(18) BIRTHPLACE North Carolina
(19) OCCUPATION Wife

(21) Number of children of this mother now living, including present birth Two (2)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 A M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) W. W. Boyd

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician Spartanburg, S.C.

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 July, 1916 (28) as Copies 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.

Fifth month of pregnancy.