

Form No. 16. MARGIN RESERVED FOR INDEXING. 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 Spartanburg  
 Township of .....  
 or  
 Inc. Town of .....  
 or  
 City of Spartanburg (No. 124 7 houses St.: 4 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  
**66140**

(2) Full Name of Child Margie Catherine Gaines } If child is not yet named, make supplemental report as directed

(3) <b>BOY OR GIRL?</b>	(4) <b>Twin or Triplet?</b>	(5) <b>Number in order of birth</b>	(6) <b>Are Parents Married?</b> <u>yes</u>	(7) <b>DATE OF BIRTH</b> <u>June 10 1916</u> <small>(Name of Month) (Day) (Year)</small>
<b>FATHER.</b>			<b>MOTHER.</b>	
(8) <b>FULL NAME</b> <u>Burton S. Gaines</u>			(14) <b>NAME BEFORE MARRIAGE</b> <u>Annie Ledbetter</u>	
(9) <b>PRESENT POSTOFFICE OF FATHER</b> <u>Spartanburg</u>			(15) <b>PRESENT POSTOFFICE OF MOTHER</b> <u>Spartanburg SC</u>	
(10) <b>COLOR OR RACE</b> <u>white</u>	(11) <b>AGE AT LAST BIRTHDAY</b> <u>30</u> <small>(Years)</small>	(16) <b>COLOR OR RACE</b> <u>white</u>	(17) <b>AGE AT LAST BIRTHDAY</b> <u>30</u> <small>(Years)</small>	
(12) <b>BIRTHPLACE</b> <u>Anderson County</u>			(18) <b>BIRTHPLACE</b> <u>North Carolina</u>	
(13) <b>OCCUPATION</b> <u>Telephone Lineman</u>			(19) <b>OCCUPATION</b> <u>Wife</u>	
(20) <b>Number of children born to mother, including present birth</b> <u>Three (3)</u>			(21) <b>Number of children of this mother now living, including present birth</b> <u>Two (2)</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

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

(23) (Signature) W. W. Boyd  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife 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) Filled July 1916 (28) W. S. Cooper  
 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.