

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.

McGAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of *Myrtleburg*
Township of *Seelye*
or
Inc. Town of.....
or
City of.....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

83527

Registration District No. *4006*

Registered No. *161*
(For use of Local Registrar)

(No. St.; Ward)
(if birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

Maybell Gist

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

(3) BOY OR GIRL

Girl

(4) Twin or Triplet?

Twins

(5) Number in order of birth

1

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Oct 24 1916

FATHER.

(8) FULL NAME

Hillard Gist

(9) PRESENT POSTOFFICE OF FATHER

Troun

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

41

(12) BIRTHPLACE

S. C.

(13) OCCUPATION

Public Works

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

4

MOTHER.

(14) NAME BEFORE MARRIAGE

Olie Guler

(15) PRESENT POSTOFFICE OF MOTHER

Troun

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

23

(18) BIRTHPLACE

S. C.

(19) OCCUPATION

book

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

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was ... *B. Gist* ... at ... *8 A. M.* ... on the date above stated. (Born alive or stillborn) (How A. M. or P. M.)

(23) (Signature)

Hillard Gist

(24) State whether Physician or Midwife

Physician

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

Oct 31 1916

(28)

M. W. Brown
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.

month of pregnancy. reported of stillbirths before the