

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 Coast  
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)

(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  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Hillard Gist  
(9) PRESENT POSTOFFICE OF FATHER Trounch  
(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 Trounch  
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 22  
(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... O. G. 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 Father  
(25) Address of Physician or Midwife Coast S. C.

Given name added from a supplemental report  
.....  
..... 19 ..  
Registrar

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

(27) Filed Oct 24 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.

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