

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

County of Greenville  
Township of Plainsville  
or  
Inc. Town of Plainsville  
or  
City of Plainsville  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 2806 Registered No. 136  
(For use of Local Registrar)

(2) Full Name of Child Sarah Elizabeth Gay If child is not yet named, make supplemental report as directed

(3) SEX Female (4) Type or Token To be entered only in case of Twin or Triple (5) DATE OF BIRTH Dec 26 1912  
(Name of Month) (Day) (Year)

FATHER  
(6) NAME BEFORE MARRIAGE John Henry Gay  
(7) PRESENT RESIDENCE OF FATHER Cullowhee N.C.  
(8) COLOR White (9) AGE AT LAST BIRTHDAY 32  
(10) BIRTHPLACE S.C.  
(11) OCCUPATION Farmer  
(12) Number of children born to mother, including present birth 4

MOTHER  
(13) NAME BEFORE MARRIAGE Sarah Alice Kinship  
(14) PRESENT RESIDENCE OF MOTHER North Springs S.C.  
(15) COLOR White (16) AGE AT LAST BIRTHDAY 28  
(17) BIRTHPLACE North Springs S.C.  
(18) OCCUPATION Domestic  
(19) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was alive on the date above stated.  
(21) (Signature) W. M. Jones  
(22) State whether Physician or Midwife Physician (23) Address of Physician or Midwife Plainsville, S.C.

Given name added from a supplemental report  
(24) Witness E. J. Thompson  
(Signature of Witness necessary only when question 23 is signed by mark)  
(25) Filed Dec 26 1912 (26) Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.

12-2-12-13-14-15-16-17-18-19-20-21-22-23-24-25-26-27-28-29-30-31-32-33-34-35-36-37-38-39-40-41-42-43-44-45-46-47-48-49-50-51-52-53-54-55-56-57-58-59-60-61-62-63-64-65-66-67-68-69-70-71-72-73-74-75-76-77-78-79-80-81-82-83-84-85-86-87-88-89-90-91-92-93-94-95-96-97-98-99-100