

When twins or triplets are born, use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH  
County of Albemarle  
Township of Pomona  
or  
Inc. Town of Gateville  
or  
City of Gateville  
(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  
62779

Registration District No. 104 Registered No. 26  
(For use of Local Registrar)  
St.; ..... Ward)

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

(3) BOY OR GIRL? Boy  
(4) Twin or Triplet? No  
(5) Number in order of birth 1  
*(To be answered only in event of Twins or Triplets)*  
FATHER.  
(6) FULL NAME Thomas Martin  
(7) PRESENT POSTOFFICE OF FATHER Gateville  
(8) COLOR OR RACE Red  
(9) AGE AT LAST BIRTHDAY 23  
*(Years)*  
(10) BIRTHPLACE Gateville  
(11) OCCUPATION Farmer  
(12) Number of children born to mother, including present birth 3

(6) Are Parents Married? Yes  
(7) DATE OF BIRTH Jan 26, 1906  
*(Month) (Day) (Year)*  
MOTHER.  
(14) NAME BEFORE MARRIAGE Ann Miller  
(15) PRESENT POSTOFFICE OF MOTHER Gateville  
(16) COLOR OR RACE Red  
(17) AGE AT LAST BIRTHDAY 27  
*(Years)*  
(18) BIRTHPLACE Gateville  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child who was at 5:20 M., on the date above stated. (Born alive or stillborn) Hour A. M. or P. M.)  
(23) (Signature) Anna Stark  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Gateville

Given name added from a supplemental report  
....., 191....  
.....  
Registrar

(26) Witness E. A. Hatten  
(Signature of Witness necessary only when question 23 is signed by mark)  
(27) File 62779 (1916) (28) E. A. Hatten 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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