

(1) PLACE OF BIRTH

County of GreenvilleTownship of Fairview

Inc. Town of

City of

(If birth occurs in a hospital or

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

46342

Registration District No. 2206Registered No. 6
(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 Not named

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

(3) BOY OR GIRL?

Boy(4) Twin 1-other or triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth one(6) Are Parents Married? yes

(7) DATE OF BIRTH

Jan. 14 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Weslin Harrison Gault

(9) PRESENT POSTOFFICE OF FATHER

Lt Inn S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

20

(Years)

(12) BIRTHPLACE

Greenville Co

(13) OCCUPATION

Farming

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

one

MOTHER.

(14) NAME BEFORE MARRIAGE

Janie Belle Curry

(15) PRESENT POSTOFFICE OF MOTHER

Lt Inn S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

20

(Years)

(18) BIRTHPLACE

Lancaster Co

(19) OCCUPATION

Farming

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

one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 5 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Jas. A. Thompson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

PhysicianLt Inn 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) Filed

Feb 10 1916

(28)

J.B. Duckett

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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FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Form No. 10

MAILED REGISTERED OF BIRTHS

STATE PLACED WITH RECORDS IN THE BUREAU OF VITAL STATISTICS

In the case of TWINS or TRIPLETS use a SEPARATE BLANK for each child, and mark the