

Form No. 1.

(1) PLACE OF BIRTH

County of Logan

Township of Salisbury

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

72692

Registration District No. 2012 Registered No. 1-3  
(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 James Gauble { 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 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug. 19, 1916  
To be answered only in event of Twins or Triplets (Name of month) (Day) (Year)

FATHER  
(8) FULL NAME James Gauble  
(9) PRESENT POSTOFFICE OF FATHER Salisbury  
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 35  
(12) BIRTHPLACE Williamsburg  
(13) OCCUPATION Farming  
(20) Number of children born to mother, including present birth 3

MOTHER  
(14) NAME BEFORE MARRIAGE Alisa Barber  
(15) PRESENT POSTOFFICE OF MOTHER Salisbury  
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 35  
(18) BIRTHPLACE Salisbury  
(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 born alive .....  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. J. B. ...

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Salisbury

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

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

(27) Filed Aug 18, 1916 (28) C. G. Rollins  
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.

MARGIN RESERVED FOR BIRTH RECORD. 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.

McCaw, of Columbia.