

Form No. 1.

(1) PLACE OF BIRTH

County of AsheTownship of Chinquapinor
Inc. Town ofor
City of(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. Mary Gault { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>3</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug. 24, 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(3) FULL NAME James Gault(5) PRESENT POSTOFFICE OF FATHER Batesburg Se(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 44 (Years)(12) BIRTHPLACE Palmdale Co Se(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Anna Bell Arterius(15) PRESENT POSTOFFICE OF MOTHER Batesburg Se(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE Ashe County Se(19) OCCUPATION House Wife(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 M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) Hattie Davis(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Amurice Se

Given name added from a supplemental report

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Registrar

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

(27) Filed Sept 10, 1916 (28) A. L. Hoelster 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 BINDING.
 WITH UNPAID INK—THIS IS A PERMANENT RECORD.
 IN CASE OF TWINS OR TRIPLETS, A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McGraw-Hill
 of Columbia

CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA. Bureau of Vital Statistics State Board of Health

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