

Form No. 1.

(1) PLACE OF BIRTH

County of Ashe

Township of Chinquapin

or
Inc. Town of

or
City of

Registration District No. 202 Registered No. 17
(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. Mary Gault

File No.—For State Registrar Only
71072

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? None (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug. 24, 1916
(Name of Month) (Day) (Year)
To be answered only in case of Twins or Triplets

FATHER.

(3) FULL NAME Sam Gault

(9) PRESENT POSTOFFICE OF FATHER Batesburg Se

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 44 (Years)

(12) BIRTHPLACE Paluda Co Se

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Anna Bell Artemus

(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 Amurise

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 Sept 10, 1916 (28) A. S. Hoester 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
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
If the child is a twin or triplet, use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 6.
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