

FORM NO. 1.

(1) PLACE OF BIRTH

County of GeorgetownTownship of N. 5

Inc. Town of

City of

(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

85692

Registration District No. 2104 Registered No. 38

(For use of Local Registrar)

(2) Full Name of Child Gordon D. Avant

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in case of Twins or Triplets

(6) Are Parents Married? yes(7) DATE OF BIRTH June 6, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Gordon Avant(9) PRESENT POSTOFFICE OF FATHER Dunnvagin SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30
(Years)(12) BIRTHPLACE Georgetown S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Lela Bear(15) PRESENT POSTOFFICE OF MOTHER Dunnvagin SC(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23
(Years)(18) BIRTHPLACE Georgetown S.C.(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 Alive at 6 P.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Bethie + Jamppkins

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

Med Wife Dunnvagin St.

Given name added from a supplemental report

(26) Witness J. W. Williams

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

(27) Filed Nov 20 1916 (28) G. V. Ellis
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.

WHITE PLAINLY, WITH LEADING 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