

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

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

46887

Registration District No. 3305

Registered No. 6

(For use of Local Registrar)

(2) Full Name of Child Jewelle Gasdwin

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

(3) BOY OR GIRL Girl	(4) Twin or Triplet	(5) Number in order of birth 4	(6) Are Parents Married? yes	(7) DATE OF BIRTH May 14 1911
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FATHER.		MOTHER.	
(8) FULL NAME J. D. Gasdwin	(14) NAME BEFORE MARRIAGE Ellen Gasdwin	(9) PRESENT POSTOFFICE OF FATHER m c ball S C	(15) PRESENT POSTOFFICE OF MOTHER m c ball S C
(10) COLOR OR RACE white	(11) AGE AT LAST BIRTHDAY 29	(16) COLOR OR RACE white	(17) AGE AT LAST BIRTHDAY 27
(12) BIRTHPLACE Mason Co. m c	(18) BIRTHPLACE Batesville Mo m c	(13) OCCUPATION m m m m	(19) OCCUPATION m m m m
(20) Number of children born to mother, including present birth 4	(21) Number of children of this mother now living, including present birth 4		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 6:20 a. m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) D. J. Gasdwin

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife m c ball S C

Given name added from a supplemental report

(26) Witness

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

(27) Filed Jan 17 1911

(28)

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 3.

N. B. McCaw, of Columbia.

N. B. McCaw.