

(1) PLACE OF BIRTH

County of Mecklenburg

Township of Richmond Bluff

or  
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

46887

Registration District No. 3305 Registered No. 6

(For use of Local Registrar)

(2) Full Name of Child Jessie Gasdwin

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>	(5) Number in order of birth <u>4</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>July 14 1906</u> (Name of Month) (Day) (Year)
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#### FATHER.

(8) FULL NAME J. D. Gasdwin

(9) PRESENT POSTOFFICE OF FATHER McCall St. C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 29 (Years)

(12) BIRTHPLACE Union Co. N. C.

(13) OCCUPATION Mill Man

20) Number of children born to mother, including present birth 4

#### MOTHER.

(14) NAME BEFORE MARRIAGE Julia Gasdwin

(15) PRESENT POSTOFFICE OF MOTHER McCall St. C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 27 (Years)

(18) BIRTHPLACE Rowan Co. N. C.

(19) OCCUPATION Mill Man

(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 alive 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 - M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife McCall St. 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 1910 (28) Jessie Corington 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 5.

McCaw, of Columbia.

McCaw.