

Form No. 10.

CVA

N. J.

MARGIN RESERVED FOR BINDING.

WHITE PLATING, WITH UNFADING 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.

McGaw, of Columbia.

N. J.

(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.)

(2) Full Name of Child

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

4

13

6

(Name of Month) (Day) (Year)

(8) FULL NAME

Robert Gauble

(9) PRESENT POSTOFFICE OF FATHER

Shiloh SC

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

22

(Years)

(12) BIRTHPLACE

Spartanburg Co SC

(13) OCCUPATION

Farming

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

2

(14) NAME BEFORE MARRIAGE

MOTHER.

Linda Chandler

(15) PRESENT POSTOFFICE OF MOTHER

Shiloh SC

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

20

(Years)

(18) BIRTHPLACE

Spartanburg Co SC

(19) OCCUPATION

Housework

(21) Number of children of this mother now living, including present birth

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was

alive

at

3

P. M.

on the date above stated.

(23) (Signature)

A. L. Jones

Born alive or stillborn

(Hour A. M. or P. M.)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Shiloh SC

Given name added from a supplemental report

101

Registrar

(26) Witness

W. G. Jones

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

(27) Filed

Apr. 19, 1916

(28)

W. G. Jones

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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CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of HealthFile No.—For State Registrar Only
57751

Registration District No.

4102

Registered No.

43

(For use of Local Registrar)