

(1) PLACE OF BIRTH

County of Whitaker

Township of Simons Town

or  
Inc. Town of

or  
City of

(If birth occurs in a hospital or other institution) (No. ....) (Name of same instead of street and number.) (St.; ....) (Ward)

### CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of Health

File No. — For State Registrar Only  
45722

Registration District No. 1003 Registered No. 6  
(For use of Local Registrar)

(2) Full Name of Child

Haris Anthony

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>Single</u>	(5) Number in order of birth <u>3</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 16 1916</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Neal S. Gaskrey</u>			(14) NAME BEFORE MARRIAGE <u>Dolly Huskey</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Gaffney N.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Gaffney N.C.</u>	
(10) COLOR OR RACE <u>White</u>			(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)	
(12) BIRTHPLACE <u>Star Toubury Co S.C.</u>			(18) BIRTHPLACE <u>Star Toubury Co S.C.</u>	
(13) OCCUPATION <u>Miller</u>			(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth <u>3</u>			(21) Number of children of this mother now living, including present birth <u>3</u>	

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

22) I hereby certify that I attended the birth of this child, who was alive at 1:30 P. M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) J. S. Gaskrey M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Gaffney N.C.

Given name added from a supplemental report

..... 191.....

..... Registrar

(26) Witness J. S. Gaskrey  
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jan 21 1916 (28) H. J. Rutledge 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.

..... Local Registrar

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