

## (1) PLACE OF BIRTH

County of Florence  
 Township of Lake City  
 or  
 Inc. Town of \_\_\_\_\_  
 or  
 City of \_\_\_\_\_

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only  
**85541**

Registration District No. 2073 Registered No. 90  
 (For use of Local Registrar)  
 (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Leila M. Gaskins { 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 \_\_\_\_\_ (6) Are Parents Married? yes (7) DATE OF BIRTH Oct. 27, 1916  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Ira Columbus Gaskins

(9) PRESENT POSTOFFICE OF FATHER Lake City S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 36  
 (Years)

(12) BIRTHPLACE Williamsburg Co

(13) OCCUPATION Farmer

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

## MOTHER.

(14) NAME BEFORE MARRIAGE Lillian Mae McCalister

(15) PRESENT POSTOFFICE OF MOTHER Lake City S.C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 25  
 (Years)

(18) BIRTHPLACE Williamsburg Co

(19) OCCUPATION Housewife

(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 12:30 P.M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) W. L. G. Gaskins M.D.

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

Given name added from a supplemental report

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

(27) Filed Nov 12 1916 (28) C. D. Rollins  
 Registrar 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.