

Form No. 1.

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of Anderson STATE OF SOUTH CAROLINA.

File No. — For State Registrar Only

71313

Township of Savannah Bureau of Vital Statistics

State Board of Health

Inc. Town of Starr Registration District No. 311 Registered No. 41
(For use of Local Registrar)City of _____ (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 Eula R. Gary } If child is not yet named, make supplemental report as directed(3) BOY OR GIRL girl (4) Twin or Triplet? 2 (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH Aug. 29
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Bernard Gary(9) PRESENT POSTOFFICE OF FATHER Starr(10) COLOR OR RACE black (11) AGE AT LAST BIRTHDAY 18
(Years)(12) BIRTHPLACE Starr S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth Two

MOTHER.

(14) NAME BEFORE MARRIAGE Ballie Gary(15) PRESENT POSTOFFICE OF MOTHER Starr(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 16
(Years)(18) BIRTHPLACE Starr S.C.(19) OCCUPATION Farmer(21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 3 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) S. J. Jones
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness Minnie A. Sadler
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Sept. 1, 1914 (28) J. A. Jones
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.

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, 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.