

**CERTIFICATE OF BIRTH**

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

File No.—For State Registrar Only  
**73916**

(1) PLACE OF BIRTH  
County of Marlboro  
Township of Bennettsville  
or  
Inc. Town of ..... Registration District No. 3301  
or  
City of ..... (No. ....) Registered No. 151  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
(For use of Local Registrar)

(2) Full Name of Child LeRoy Gorn { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug 12 1916  
(Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME James Gorn  
(9) PRESENT POSTOFFICE OF FATHER Bennettsville SC  
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 26 (Years)  
(12) BIRTHPLACE Charleston SC  
(13) OCCUPATION Laborer  
(20) Number of children born to mother, including present birth { Four }

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Carrie Lucas  
(15) PRESENT POSTOFFICE OF MOTHER Bennettsville SC  
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 24 (Years)  
(18) BIRTHPLACE Charleston SC  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth { Five }

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was alive at 6 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. Carroll Spears  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Bennettsville SC

Given name added from a supplemental report  
..... 191.....  
..... Registrar

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Aug 19 1916 (28) W. W. Pate 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 OTHERS, No. 2, etc., in question 5.  
McGaw, of Columbia.