

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.

McCaw, of Columbia.

## (1) PLACE OF BIRTH

County of

Marlboro

Township of

Bennettsville

or  
Inc. Town ofor  
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

73916

Registration District No.

3301

Registered No.

151

(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

To be answered only in case of Twins or Triplets

(6) Are Parents Married?

(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

4

## MOTHER.

(14) NAME BEFORE MARRIAGE

Larnie 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

4

## 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)

Larnie Spears

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Bennettsville SC

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed

Aug 19 1916

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(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.