

## (1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

File No.—For State Registrar Only

STATE OF SOUTH CAROLINA.

65214

County of *Lancaster*

Bureau of Vital Statistics

Township of *Ball Blount*

State Board of Health

or

Inc. Town of *Durham*Registration District No. *3102*Registered No. *61*

or

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 *Gail Rose*

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

(3) SEX OF CHILD <i>Female</i>	(4) Twin or Triplet? <i>No</i>	(5) Number in order of birth <i>1</i>	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Jan 1 1916</i> (Name of Month) (Day) (Year)
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## FATHER.

## MOTHER.

(8) FULL NAME <i>Martin L. Wise</i>	(14) NAME BEFORE MARRIAGE <i>Viola Mains</i>
(9) PRESENT POSTOFFICE OF FATHER <i>Durham</i>	(15) PRESENT POSTOFFICE OF MOTHER <i>Durham</i>
(10) COLOR OR RACE <i>W</i>	(16) COLOR OR RACE <i>W</i>
(11) AGE AT LAST BIRTHDAY <i>48</i> (Years)	(17) AGE AT LAST BIRTHDAY <i>39</i> (Years)
(12) BIRTHPLACE <i>Richland Co</i>	(18) BIRTHPLACE <i>Lee Co</i>
(13) OCCUPATION <i>Restaurant</i>	(19) OCCUPATION <i>Keeper</i>
(20) Number of children born to mother, including present birth <i>4</i>	(21) Number of children of this mother now living, including present birth <i>4</i>

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *4* A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Mrs M A Johnson*(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
*Durham*

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Date *Jan 5 1916* (28) Local Registrar *J R Sanford*

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.