

WHITE 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.  
McClaw of Columbia

(1) PLACE OF BIRTH

County of Greenville

Township of Saluda

or

Inc. Town of

or

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

(2) Full Name of Child J. H. Livingston

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH April 1, 1916 (Name of Month) (Day) (Year)

FATHER: (8) FULL NAME John Livingston (9) PRESENT POSTOFFICE OF FATHER Traveler Rest S C R R (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 43 (Years) (12) BIRTHPLACE Greenville County S C (13) OCCUPATION Farmer (14) NAME BEFORE MARRIAGE John Gask (15) PRESENT POSTOFFICE OF MOTHER Traveler Rest S C R R (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 26 (Years) (18) BIRTHPLACE Franklin Co N C (19) OCCUPATION Housewife (20) Number of children born to mother, including present birth 3 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 3 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) John Gask

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife Mandata S C

Given name added from a supplemental report

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

(27) Filed April 1, 1916 (28) L. O. Goodwin 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.

CERTIFICATE OF BIRTH  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No. — For State Registrar Only  
56113

Registration District No. 2218 Registered No. 12 (For use of Local Registrar)