

WHILE PLACING WITH READING THIS IS A PERMANENT RECORD.  
K. B.—to care of TWIN OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>York</u>		STATE OF SOUTH CAROLINA		9513	
Township of <u>Bethesda</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of		Registration District No. <u>4401</u>		Registered No. <u>18</u>	
or				(For use of Local Registrar)	
City of		(No. <u>      </u> St. <u>      </u> Ward <u>      </u> )			
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>William David Gaston</u>		child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL <u>BOY</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>no</u>	(7) DATE OF BIRTH <u>March 27, 1922</u>	
			(Name of Month) (Day) (Year)		
FATHER. <u>Grandfather</u> <u>Taylor</u> <u>Gaston</u>			MOTHER. <u>Mattie Gaston</u>		
(8) FULL NAME <u>Taylor</u> <u>Gaston</u>			(14) NAME BEFORE MARRIAGE <u>Mattie Gaston</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>McConnellsville</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>McConnellsville, S.C.</u>		
(10) COLOR OR RACE <u>negro</u>			(11) AGE AT LAST BIRTHDAY <u>40</u>		
			(Year)		
(12) BIRTHPLACE <u>South Carolina</u>			(16) COLOR OR RACE <u>negro</u>		
			(17) AGE AT LAST BIRTHDAY <u>19</u>		
			(Year)		
(13) OCCUPATION <u>Farming</u>			(18) BIRTHPLACE <u>South Carolina</u>		
			(19) OCCUPATION <u>Farming</u>		
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>3 a. M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Sophy Thomas</u>		(25) Address of Physician or Midwife <u>McConnellsville, S.C.</u>			
(24) State whether Physician or Midwife <u>midwife</u>					
Given name added from a supplemental report		(26) Witness <u>Nancy Johnson</u>			
		(Signature of Witness necessary only when question 23 is signed S. Mark)			
19 <u>Mar 30</u> Registrar		(27) Filed <u>1922</u> (28) <u>J. H. Love</u> 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.					