

WRITE PLAINLY WITH READING INK—GIVE IN A PERMANENT RECORD.
 K. B.—to care 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.
 Record of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH

County of York
 Township of Bethesda
 or
 Inc. Town of _____
 or
 City of _____ (No. _____ St. _____ Ward _____)

(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
9513

Registration District No. 4401 Registered No. 18
 (For use of Local Registrar)

(2) Full Name of Child William David Gaston child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>BOY</u>	(4) Twin or Triplet? <u>To be answered only in case of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>no</u>	(7) DATE OF BIRTH <u>March 27, 1922</u> (Name of Month) (Day) (Year)
(8) FULL NAME OF FATHER <u>Grandfather Taylor Gaston</u>		MOTHER <u>Mattie Gaston</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>McConnellsville</u>		(10) PRESENT POSTOFFICE OF MOTHER <u>McConnellsville, S.C.</u>		
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>40</u> (Years)	(12) BIRTHPLACE <u>South Carolina</u>	(13) COLOR OR RACE <u>negro</u>	(14) AGE AT LAST BIRTHDAY <u>19</u> (Years)
(15) OCCUPATION <u>Farming</u>	(16) BIRTHPLACE <u>South Carolina</u>		(17) 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 alive at 3 a. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Daphy Thomas
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife McConnellsville, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed in blank)
Nancy Johnson

(27) Filed March 30, 1922 (28) J. H. Love 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.