

FORM NO. 1
 STATE PLASTER, WITH DEPARTING THE—THIS IS A PERMANENT RECORD.
 U. S.—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.
 McCraw, of Columbia.

(1) PLACE OF BIRTH

County of Calhoun

Township of Amelia

or
 Inc. Town of

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

58882

Registration District No. 800 Registered No. 52

(For use of Local Registrar)

(2) Full Name of Child Gatson Wine

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1st

To be answered only in case of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Feb 24 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Ullius Wine

(9) PRESENT POSTOFFICE OF FATHER 44 Matte

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 18 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Home Laborer

(20) Number of children born to mother, including present birth one

MOTHER.

(14) NAME BEFORE MARRIAGE June Matthews

(15) PRESENT POSTOFFICE OF MOTHER 44 Matte

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 27 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION —

(21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 12 M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Miss Kern (Midwife)

(24) State whether Physician or Midwife (25) Address of Physician or Midwife 44 Matte S.C.

Given name added from a supplemental report

1916

Registrar

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

(27) Filed May 5 1916 (28) W. R. Able 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.

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