

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**
 County of *McCormick* **STATE OF SOUTH CAROLINA.**
 Township of *Dalrymple* **Bureau of Vital Statistics**
State Board of Health

File No.—For State Registrar Only
72581

Inc. Town of Registration District No. *1815* Registered No. *9*.....
 (For use of Local Registrar)
 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 *John - Thomas* { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? *Girl* (4) Twin or Triplet? *Twins* (5) Number in order of birth *1* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Aug 3, 1916*
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME *Joseph Marion Gale*
 (9) PRESENT POSTOFFICE OF FATHER *McCormick P.C.*
 (10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *33*
 (Years)

(12) BIRTHPLACE *Edgfield Co.*
 (13) OCCUPATION *Saw mill operator*
 (20) Number of children born to mother, including present birth *5*

MOTHER.
 (14) NAME BEFORE MARRIAGE *Marie Ramsey*
 (15) PRESENT POSTOFFICE OF MOTHER *McCormick P.C.*
 (16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *28*
 (Years)

(18) BIRTHPLACE *Edgfield Co.*
 (19) OCCUPATION *Housewife*
 (21) Number of children of this mother now living, including present birth *4*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *5:30 P.M.* on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) *W. W. W. W.*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife *McCormick P.C.*

Given name added from a supplemental report

....., 191.....

Registrar

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

(27) Filed *Aug 6, 1916* (28) *J. L. Hughes* 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.

MARGIN RESERVED FOR BINDING.
 WRITE 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 make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
 McCaw, of Columbia.