

FORM NO. 5.

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 mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.

(1) PLACE OF BIRTH  
 County of Greenwood  
 Township of Oneal  
 or  
 Inc. Town of ..... Registration District No. 2213 Registered No. 61  
 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  
77340

(2) Full Name of Child Ansel Gosnell } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH Sept. 9<sup>th</sup> 1916  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME Sam Gosnell  
 (9) PRESENT POSTOFFICE OF FATHER Travellers Rest S.C. #2  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 31 (Years)  
 (12) BIRTHPLACE Burcombe Co N.C.  
 (13) OCCUPATION Farmwork  
 (20) Number of children born to mother, including present birth } 8

MOTHER.  
 (14) NAME BEFORE MARRIAGE Mamie Porter  
 (15) PRESENT POSTOFFICE OF MOTHER Travellers Rest S.C. #2  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 26 (Years)  
 (18) BIRTHPLACE Spartanburg Co S.C.  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth } 8

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was Alive at 1130 A M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. S. James

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Gaylows S.C. #1

Given name added from a supplemental report

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

(27) Filed Oct. 4, 1916 (28) Albert H. MacCaw 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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