

(1) PLACE OF BIRTH

County of GreenvilleTownship of HighlandInc. Town of orCity of or

(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

46406

Registration District No. 2211Registered No. 9

(For use of Local Registrar)

(2) Full Name of Child Walter G. Gaskins If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>Is answered only in event of Twins or Triplets</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>January 29</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u>John Gaskins</u>		(14) NAME BEFORE MARRIAGE <u>Lizzie Fisher</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Greenville S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville S.C.</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>33</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>28</u> (Years)	
(12) BIRTHPLACE <u>Greenville S.C.</u>		(18) BIRTHPLACE <u>Greenville S.C.</u>		
(13) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>Farmer</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 born at 5 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) L. A. Lindsay M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Greenville

Given name added from a supplemental report

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

(27) Filed 2 5 1916 (28) L. Lindsay 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.