

## (1) PLACE OF BIRTH

County of JamesTownship of Seneca

or

Inc. Town of

or

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

46987

Registration District No. 3504Registered No. 7  
(For use of Local Registrar)(2) Full Name of Child James Gilbert

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

(3) BOY OR GIRL? boy(4) Twin or Triplet? one(5) Number in order of birth 2(6) Are Parents Married? yes(7) DATE OF BIRTH Jan 15, 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME And Gilbert(9) PRESENT POSTOFFICE OF FATHER Seneca R.F.D.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23  
(Years)(12) BIRTHPLACE Pickens County(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 20

## MOTHER.

(14) NAME BEFORE MARRIAGE Myrtle Winstone(15) PRESENT POSTOFFICE OF MOTHER Seneca R.F.D.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22  
(Years)(18) BIRTHPLACE Beaufort(19) OCCUPATION Wife(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Aline at 12 M., on the date above stated.  
(Born, alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. E. Hopkins

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

Given name added from a supplemental report

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

(27) Filed Jan 19, 1916 (28) J. E. Hopkins 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 REMAINS FOR FURTHER INFORMATION.  
 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. THIS OTHER, No. 2, etc., in question 5.