

(1) PLACE OF BIRTH
County of Gaston

Township of 7

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

85710

Registration District No. 2106

Registered No. 80

(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child. Victor Henri

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Mar. 9, 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Abraham Henri

(9) PRESENT POSTOFFICE OF FATHER Brook Gum S.C.

(10) COLOR OR RACE Negro

(11) AGE AT LAST BIRTHDAY 40

(Years)

(12) BIRTHPLACE South Carolina

(13) OCCUPATION laborer

(20) Number of children born to mother, including present birth 11

MOTHER.

(14) NAME BEFORE MARRIAGE Anna Henri

(15) PRESENT POSTOFFICE OF MOTHER Brook Gum S.C.

(16) COLOR OR RACE Negro

(17) AGE AT LAST BIRTHDAY 38

(Years)

(18) BIRTHPLACE South Carolina

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 15

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 6 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Thomas P. Brown

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife Waverly Mills S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Mar. 15, 1916

(28) Seabellie Lachinotte Deputy 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.

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