

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 2.
McGraw, of Columbia

(1) PLACE OF BIRTH

County of HarryTownship of Bayboroor
Inc. Town ofor
City of

(if birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Lincoln Kenneth GaspinFile No.—For State Registrar Only
64768

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 2500Registered No. 155
(For use of Local Registrar)(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 5, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Canan Gaspin(9) PRESENT POSTOFFICE OF FATHER Cove Spring(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 28 (Years)(12) BIRTHPLACE Harry Co. Cove Spring S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Thompson(15) PRESENT POSTOFFICE OF MOTHER Cove Spring S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE Harry Co. Cove Spring S.C.(19) OCCUPATION Housewife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at Cove Spring on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Letsy B. Riley(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Cove Spring S.C.

Given name added from a supplemental report

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Registrar

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

(27) Filed June 13, 1916 (28) J. V. General 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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