

FORWARD - FURNISH RETURNED FOR READING
WRITE PLAINLY, WITH UNFADING INK - THESE ARE IMPORTANT RECORDS

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		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <i>Spartanburg</i>		STATE OF SOUTH CAROLINA.		87292	
Township of <i>Spartanburg</i>		Bureau of Vital Statistics			
or Inc. Town of <i>Spartanburg</i>		State Board of Health			
City of <i>Spartanburg</i>		Registration District No. <i>40-a</i>		Registered No. <i>420</i>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. St.; Ward)		(For use of Local Registrar)	
(2) Full Name of Child <i>Olivia Scott Gould</i> If child is not yet named, make supplemental report as directed					
(3) MALE OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth <i>3</i>	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>Oct. 27 1916</i>	
To be answered only in event of Twins or Triplets			(Name of Month) (Day) (Year)		
FATHER.			MOTHER.		
(8) FULL NAME <i>Charles King Gould</i>			(14) NAME BEFORE MARRIAGE <i>Olivia Campbell Scott</i>		
(9) PRESENT POSTOFFICE OF FATHER <i>Spartanburg S.C.</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Spartanburg S.C.</i>		
(10) COLOR OR RACE <i>White</i>			(16) COLOR OR RACE <i>White</i>		
(11) AGE AT LAST BIRTHDAY <i>56</i> (Years)			(17) AGE AT LAST BIRTHDAY <i>43</i> (Years)		
(12) BIRTHPLACE <i>Auburn, Maine</i>			(18) BIRTHPLACE <i>Augusta, Ga.</i>		
(13) OCCUPATION <i>Merchandizing</i>			(19) OCCUPATION <i>Milliner</i>		
(20) Number of children born to mother, including present birth <i>Three</i>			(21) Number of children of this mother now living, including present birth <i>Three</i>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <i>Born alive</i> at <i>10 M.</i> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <i>W. S. Zimmerman</i>					
(24) State whether Physician or Midwife (25) Address of Physician or Midwife <i>Spartanburg, S.C.</i>					
Given name added from a supplemental report			(26) Witness		
....., 191.....			(Signature of Witness necessary only when question 23 is signed by mark)		
..... Registrar			(27) Filed <i>Oct. 1916</i> (28) <i>Jas. Capas</i> 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.