

FORM NO. 1.

(1) PLACE OF BIRTH

County of Longhorn
 Township of 22
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

52263

Registration District No. 2196 Registered No. 14
 (For use of Local Registrar)
 City of (No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Ann Gary { 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. 25, 1916
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Richard Gary
 (9) PRESENT POSTOFFICE OF FATHER Waverly Mills, S.C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 35 (Years)
 (12) BIRTHPLACE South Carolina
 (13) OCCUPATION Laborer

MOTHER.
 (14) NAME BEFORE MARRIAGE Ella Ford
 (15) PRESENT POSTOFFICE OF MOTHER Waverly Mills, S.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 28 (Years)
 (18) BIRTHPLACE South Carolina
 (19) OCCUPATION Field hand

(20) Number of children born to mother, including present birth 16

(21) Number of children of this mother now living, including present birth 16

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive, at 11 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Harriet Brown

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

MidwifeWaverly 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. 31, 1916(28) Seabury Luskett 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 RESERVED FOR BINDING. THIS IS A PERMANENT RECORD. WRITE PLAINLY, WITH UNFADING INK.—THIS IS A SEPARATE BLANK FOR EACH CHILD, AND MARK THE N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THIS OFFICIAL, No. 2, etc., in question 5.

McCaw, of Columbia