

(1) PLACE OF BIRTH

County of

Township of

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

50466

Registered No. 8

(For use of Local Registrar)

(2) Full Name of Child.

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

(3) BOY OR GIRL <i>Boy</i>	(4) Twin or Triplet? <i>To be answered only in event of Twins or Triplets</i>	(5) Number in order of birth <i>4</i>	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>Feb 15 1916</i> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <i>Gidney Gilbert</i>			(14) NAME BEFORE MARRIAGE <i>Annie Manly</i>	
(9) PRESENT POSTOFFICE OF FATHER <i>Tiesererville</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Tiesererville</i>	
(10) COLOR OR RACE <i>White</i>			(16) COLOR OR RACE <i>White</i>	
(11) AGE AT LAST BIRTHDAY <i>30</i> (Years)			(17) AGE AT LAST BIRTHDAY <i>23</i> (Years)	
(12) BIRTHPLACE <i>S. C.</i>			(18) BIRTHPLACE <i>S. C.</i>	
(13) OCCUPATION <i>Farmer</i>			(19) OCCUPATION <i>Domestic</i>	
(20) Number of children born to mother, including present birth <i>4</i>			(21) Number of children of this mother now living, including present birth <i>4</i>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *born alive* at P. M., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) *J. B. Watson M.D.*(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Clemson

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Feb 9 1916

(28)

A. S. Burton

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.

fifth month of pregnancy.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PRELIMINARY FORM.

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.

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