

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
 IN B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD and make the
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

(1) PLACE OF BIRTH

County of Clinton
 Township of Liberty
 Inc. Town of.....
 City of.....

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

Registration District No. 213

No. 10.—For State Registrar Only

00700 46

Registered No.
 (For use of Local Registrar)

(2) Full Name of Child William Louis Gise

(No. St. Ward)

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

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

| | | | | |
|---|--|--|--|--|
| (3) SEX OF CHILD <u>Boy</u> | (4) Type of Father <u>Is in general city is west of Town or Village</u> | (5) Number by order of birth <u>1</u> | (6) Are Parents Married <u>yes</u> | (7) DATE OF BIRTH <u>Oct 9th 19<u>25</u></u> (Name of Month) (Day) (Year) |
| (8) FATHER'S NAME <u>W. L. Gise</u> | | (9) MOTHER'S NAME <u>Virginia S. Lupton</u> | | |
| (10) PRESENT RESIDENCE OF FATHER <u>Augusta Ga R#5</u> | | (11) PRESENT RESIDENCE OF MOTHER <u>Augusta Ga R#5</u> | | |
| (12) COLOR OR RACE <u>White</u> | (13) AGE AT LAST BIRTHDAY <u>45</u> (Year) | (14) COLOR OR RACE <u>White</u> | (15) AGE AT LAST BIRTHDAY <u>44</u> (Year) | (16) BIRTHPLACE <u>D.S.</u> |
| (17) OCCUPATION <u>mill work</u> | | (18) OCCUPATION <u>house work</u> | | |
| (19) Number of children born to mother, including present birth <u>5</u> | | (20) Number of children of this mother now living, including present birth <u>1</u> | | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 2¹⁰ P. M., on the date above stated. (Hour M. or P. M.)

(22) (Signature)
 (23) State whether Physician or Midwife

W. A. Mathis M.D.
Physician

(24) Address of Father, Mother, or Midwife
Augusta Ga R#5

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 23 is signed by male)
Oct 13 1925
 (26) Local Registrar
S. R. Medlock

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.

AS A GUIDE IN MAKING THIS RETURN, IT SHOULD NOT BE REPORTED AS STILLBORN, BUT AS BORN, BEFORE THE FIFTH MONTH OF PREGNANCY.