

MARGIN RESERVED FOR TWINNING.
WHITE 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 5.

Caw. of Columbia

(1) PLACE OF BIRTH

County of Bertie Co.Township of 2nd N. 6th W.or
Inc. Town ofor
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

48203

Registration District No. 703 Registered No. 16

(For use of Local Registrar)

(2) Full Name of Child Charles Gillins

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married? yes(7) DATE OF BIRTH Feb. 11(Name of Month) (Day) 1916 (Year)

FATHER.

(8) FULL NAME Lemus Gillins

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE Black(11) AGE AT LAST BIRTHDAY 35 (Years)(12) BIRTHPLACE Bertie Co.

(13) OCCUPATION

MOTHER.

(14) NAME BEFORE MARRIAGE Amanda Gillins(15) PRESENT POSTOFFICE OF MOTHER Pinopolis S.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 35 (Years)(18) BIRTHPLACE Bertie Co.(19) OCCUPATION Farming(20) Number of children born to mother, including present birth 8(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born born alive at Pinopolis S.C. on the date above stated. (Born days or stillborn) (Hour A. M. or P. M.) 12:10 A. M.(23) (Signature) Dr. J. H. Bryan(24) State whether Physician or Midwife (25) Address of Physician or Midwife Pinopolis S.C.

Given name added from a supplemental report

(26) Witness Dr. J. H. Bryan

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

(27) Filed Feb 21 1916 (28) Dr. J. H. Bryan 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.