

(1) PLACE OF BIRTH

County of CharlestonTownship of Johns Island

Incl. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics
State Board of Health

File No. -- For State Registrar Only

6905

Registration District No. 915 Registered No. 54
(For use of Local Registrar)(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 Lillie Belle Gadsen (If child is not yet named, make supplemental report as directed)(3) SEX OF CHILD Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH March 5, 1922
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Henry Gadsen(9) PRESENT POSTOFFICE OF FATHER Johns Island(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 32
(Years)(12) BIRTHPLACE Johns Island(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth One

MOTHER

(14) NAME BEFORE MARRIAGE Matilda Burch(15) PRESENT POSTOFFICE OF MOTHER Johns Island(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 35
(Years)(18) BIRTHPLACE Johns Island(19) OCCUPATION Farmer(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was, born alive, at L.A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) James Jenkins(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Johns Island

Given name added from a supplemental report

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

(27) Filed March 15, 1922 (28) Mrs. E. H. Hills
Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return and report as stillborn. No report is desired of stillbirth.