

## (1) PLACE OF BIRTH

County of York  
 Township of Porterhatch  
 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

1645

Registration District No. 1600Registered No. ....  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 (No. .... St.; .... Ward)

(2) Full Name of Child Abraham Gadsden (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 ..... (6) Are Parents Married Yes (7) DATE OF BIRTH Jan. 19, 1917  
 To be answered only in event of Twin or Triplet (Year of Month) (Day) (Year)

## FATHER.

(8) FULL NAME William Gadsden(9) PRESENT POSTOFFICE OF FATHER Sheldon, SC(10) COLOR OR RACE Col. (11) AGE AT LAST BIRTHDAY 35  
(Year)(12) BIRTHPLACE Rockledge, SC(13) OCCUPATION Farming(20) Number of children born to mother, including present birth Five

## MOTHER.

(14) NAME BEFORE MARRIAGE Julia Garrett(15) PRESENT POSTOFFICE OF MOTHER Sheldon, SC(16) COLOR OR RACE Col. (17) AGE AT LAST BIRTHDAY 33  
(Year)(18) BIRTHPLACE Rockledge, SC(19) OCCUPATION House work(21) Number of children of this mother now living, including present birth Five

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child who was born alive at 5:49 P.M. on the date above stated. (Born alive or stillborn) (Hour, P. M. or A. M.)(23) (Signature) Rebecca Crawford (24) State South Carolina (25) Address of Physician or Midwife Sheldon, SC

Given name added from a supplemental report: .....

(26) Witness John Smith (Signature of Witness necessary only when question 23 is signed) .....(27) Filed 1/17 1917 (28) Local Registrar W. J. Smith

\*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.