

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town of
or
City of(No. St.; Ward)
(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

71244

Registration District No. 302 Registered No. 88

(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? 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 Aug 21, 1914 (Name of Month) (Day) (Year)
(8) FULL NAME Mr. Gaillard		(14) NAME BEFORE MARRIAGE Miss Wilson		
(9) PRESENT POSTOFFICE OF FATHER Williamston S.C.		(15) PRESENT POSTOFFICE OF MOTHER Williamston S.C.		
(10) COLOR OR RACE White	(11) AGE AT LAST BIRTHDAY 23 1/2 (Years)	(16) COLOR OR RACE White	(17) AGE AT LAST BIRTHDAY 25 (Years)	
(12) BIRTHPLACE Anderson Co. S.C.		(18) BIRTHPLACE Anderson Co. S.C.		
(13) OCCUPATION Farming		(19) OCCUPATION Housewife		
(20) Number of children born to mother, including present birth 4		(21) Number of children of this mother now living, including present birth 4		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) H. H. H. H.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician Liberty S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Sept 7, 1914 (28) W. D. Watson
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.

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