

No. 3

PLACE OF BIRTH

County of Orangeburg
 Township of Entawville
 or
 Inc. Town of _____
 or
 City of _____

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

22 049276

FILE No.—For State Registrar Only

39631-2

Registration District No. _____ Registered No. 118
 (For use of Local Registrar)

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

2. Full Name of Child Hewittia Fitz Simons Gaillard (If child is not yet named, make supplemental report as directed.)

3. ~~BOY OR~~
GIRL4. Twin or
Triplet?5. Number in order
of birth6. Are
Parents
Married? Yes

7. DATE OF BIRTH

November 16 1922
 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER

8. FULL NAME William Seward Gaillard9. PRESENT POSTOFFICE OF FATHER Entawville S.C.10. COLOR OR RACE White11. AGE AT LAST BIRTHDAY 32
(Years)12. BIRTHPLACE Entawville S.C.13. OCCUPATION Farmer20. Number of children born to mother, including present birth Third

MOTHER

14. NAME BEFORE MARRIAGE Gabriel Marion Kirk15. PRESENT POSTOFFICE OF MOTHER Entawville S.C.16. COLOR OR RACE White17. AGE AT LAST BIRTHDAY 27
(Years)18. BIRTHPLACE Charleston S.C.19. OCCUPATION House wife21. Number of children of this mother now living, including present birth Third

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

23. Signature Dr. E. O. Hargrove

24. State whether Physician or Midwife

25. Address of Physician or Midwife

Entawville, 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 Jan 2 1928 28. T. J. Wiggins
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.