

FORM NO. 1.

(1) PLACE OF BIRTH

County of *Barrow*

Township of *Bull Pond*

Inc. Town of

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

63158

Registration District No. *1-05*

Registered No. *45*

(For use of Local Registrar)

(2) Full Name of Child *Engine Gill*

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

(3)  BOY  GIRL *Boy* (4) Twin or Triplet? *No* (5) Number in order of birth *2* (6)  Married? *Yes* (7) DATE OF BIRTH *June 20* 19*16*  
To be answered only in case of Twins & Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Joe Gill*  
 (9) PRESENT POSTOFFICE OF FATHER *Allendale S.C.*  
 (10) COLOR OR RACE *Black* (11) AGE AT LAST BIRTHDAY *✓* (Years)  
 (12) BIRTHPLACE *Bull Pond*  
 (13) OCCUPATION *Laborer*  
 20 Number of children born to mother, including present birth *2*

MOTHER.

(14) NAME BEFORE MARRIAGE *Annie Graham*  
 (15) PRESENT POSTOFFICE OF MOTHER *Allendale S.C.*  
 (16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *X* (Year-)  
 (18) BIRTHPLACE *Bull Pond*  
 (19) OCCUPATION *Laborer*  
 (21) Number of children of this mother now living, including present birth *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(28) I hereby certify that I attended the birth of this child, who was *born* *one* *P.* M., on the date above stated. (Born alive *or* *dead*) (Hour *or* *P. M.*)

(23) (Signature) *Annanda Jackson*

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

Given name added from a supplemental report

(26) Witness *Thos. O. Allen*

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

(27) Filed *June 23 1916* (28) *H. H. House* 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.

MARGIN RESERVED FOR BINDING.

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.

McCaw, of Columbia