

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.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Beaufort</u>		STATE OF SOUTH CAROLINA		88445	
Township of <u>Beaufort</u>		Bureau of Vital Statistics			
Inc. Town of <u>Beaufort</u>		State Board of Health			
City of <u>Beaufort</u>		Registration District No. <u>502</u>		Registered No. <u>70</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. <u>70</u> St.; <u>70</u> Ward)			
(2) Full Name of Child <u>William Boyd Gill</u>		(If child is not yet named, make supplemental report as directed)			
(3) Sex or Girl <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 11, 1916</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) Full Name <u>William Boyd Gill</u>			(14) NAME BEFORE MARRIAGE <u>Paula Marie</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Beaufort S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Beaufort S.C.</u>		
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>		
(11) AGE AT LAST BIRTHDAY <u>37</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)		
(12) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>S.C.</u>		
(13) OCCUPATION <u>Merchant</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>One</u>			(21) Number of children of this mother now living, including present birth <u>One</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>Arthur</u> at <u>7:30</u> A. M., on the date above stated. (Born alive or stillborn) (Hour & M. or P. M.)					
(23) (Signature) <u>W. B. Gill</u>		(24) State whether Physician or Midwife <u>Physician</u>			
(25) Address of Physician or Midwife <u>Beaufort S.C.</u>					
Given name added from a supplemental report		(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) <u>Dec 11, 1916</u>			
		(27) Filed <u>Dec 11, 1916</u> (28) <u>W. B. Gill</u> 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.