

# CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only  
**64717**

(1) PLACE OF BIRTH  
County of Hampton  
Township of Goth  
OR  
Inc. Town of \_\_\_\_\_  
OR  
City of \_\_\_\_\_

Registration District No. 2400 Registered No. 17  
(For use of Local Registrar)

(2) Full Name of Child George Washington Gillison } If child is not yet named, make supplemental report as directed

|                             |                            |  |                                    |  |
|-----------------------------|----------------------------|--|------------------------------------|--|
| (3) BOY OR GIRL? <u>Boy</u> | (4) Twin or Triplet? _____ | (5) Number in order of birth<br><small>To be entered only in case of twins or triplets</small> | (6) Are Parents Married? <u>No</u> | (7) DATE OF BIRTH <u>June 11 1916</u><br><small>(Name of Month) (Day) (Year)</small> |
|-----------------------------|----------------------------|--|------------------------------------|--|

**FATHER.**

(8) FULL NAME Don't Know

(9) PRESENT POSTOFFICE OF FATHER \_\_\_\_\_

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY \_\_\_\_\_ (Years)

(12) BIRTHPLACE \_\_\_\_\_

(13) OCCUPATION \_\_\_\_\_

(20) Number of children born to mother, including present birth 1

**MOTHER.**

(14) NAME BEFORE MARRIAGE Daisy Belle Gillison

(15) PRESENT POSTOFFICE OF MOTHER Luray S.C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 14 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION \_\_\_\_\_

(21) Number of children of this mother now living, including present birth 1

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 4:30 P.M., on the date above stated. (Born alive or stillborn) (Hour & M. or P. M.)

(23) (Signature) J. P. Fowler, M.D.

(24) State whether Physician or Midwife \_\_\_\_\_ (25) Address of Physician or Midwife \_\_\_\_\_

Given name added from a supplemental report \_\_\_\_\_

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Registrar

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

(27) Filed July 12 1916 (28) H. E. Anderson  
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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SC-1011-10-1  
 PRINTED AT THE STATE PRINTING OFFICE, COLUMBIA, S. C.  
 WHEN IN 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