

STANDARD NO. 1
WHILE 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.
Chas. McCaw, of Columbia

(1) PLACE OF BIRTH
County of Hampton
Township of Gotha
or
Inc. Town of
or
City of

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

File No.—For State Registrar Only
64717

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? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? No (7) DATE OF BIRTH June 11 1916
(Name of Month) (Day) (Year)

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 SC.
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 14 (Years)
(18) BIRTHPLACE SC.
(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
..... 191.....
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed July 12 1916 (28) H. E. Dickinson 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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