

(1) PLACE OF BIRTH

County of GloucesterTownship of Termonswilly

or

Inc. Town of

or

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

72809

Registration District No. 2015Registered No. 78

(For use of Local Registrar)

(2) Full Name of Child

Cilly Gee

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) MARRIED?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

Aug. 22, 1916

FATHER.

MOTHER.

(8) FULL NAME

Aford Gee

(14) NAME BEFORE MARRIAGE

Golden Phasin

(9) PRESENT POSTOFFICE OF FATHER

Termonswilly

(15) PRESENT POSTOFFICE OF MOTHER

Termonswilly

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

20

(Years)

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

18

(Years)

(12) BIRTHPLACE

Gloucester

(18) BIRTHPLACE

Gloucester

(13) OCCUPATION

Job Work

(19) OCCUPATION

House Work

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

1

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born on the date above stated.

(Born alive or stillborn) (Home A. M. or P. M.)

(23) (Signature)

Hattie J. Smith

(24) State whether Physician or Midwife

Midwife

Given name added from a supplemental report

, 191....

Registrar

(26) Witness

John P. Gibson

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

(27) Filed

Sept 18, 1916

(28)

W. C. Munnis

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. WRITE 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.