FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 2.

McCaw of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH

County of Pickens

Township of Liberty

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.)

(No. ..... St.; ..... Ward)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
31845

Registration District No. 3705 Registered No. 14

(For use of Local Registrar)

(2) Full Name of Child Otis Elizabeth Gilstrap

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

(3) BOY OR GIRL? girl

(4) Twin or Triplet? To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Sept 1 (Name of Month) (Day) 1922 (Year)

FATHER.

(8) FULL NAME William Benson Gilstrap

(9) PRESENT POSTOFFICE OF FATHER Pickens SC RFD

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 30 (Years)

(12) BIRTHPLACE Pickens Co. S.C.

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Mamie Lucie Anna Medlin

(15) PRESENT POSTOFFICE OF MOTHER Pickens S.C. R#0

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 28 (Years)

(18) BIRTHPLACE Pickens Co, S.C.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 2 P. M., on the date above stated.
(Born Alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. A. Stetson M D

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Liberty SC

Given name added from a supplemental report

..... 19 .....
Registrar

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

(27) Filed Oct 7 1922 (28) John T. Bryan
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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