

## (1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

County of Anderson STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 Township of Centerville State Board of Health

File No.—For State Registrar Only

63000

Inc. Town of ..... Registration District No. 303 Registered No. 24  
 or (For use of Local Registrar)

City of ..... (No. .... St.; .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child ..... Gleeson ..... If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? one (5) Number in order of birth 4 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 12 1916  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER. Gleeson MOTHER. State Shores  
 (8) FULL NAME Charles Currier (14) NAME BEFORE MARRIAGE

(9) PRESENT POSTOFFICE OF FATHER Anderson #3 (15) PRESENT POSTOFFICE OF MOTHER Anderson #4

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22  
 (Years) (Years)

(12) BIRTHPLACE Anderson Co (18) BIRTHPLACE Anderson Co

(13) OCCUPATION Harvester (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 4 (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 ..... at ..... M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. W. Hale

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

Given name added from a supplemental report

Frank Gleeson 191.....  
 Registrar

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

(27) Filed July 6 191..... (28) W. W. Hale  
 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.

SEPARATE BLANKS FOR TWINS OR TRIPLETS AND A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.