

WRITE PLAINLY. WITH EXCEPTED CASES—THIS IS A PERMANENT RECORD.
 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 1

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

(1) PLACE OF BIRTH
 County of Richmond
 Township of Richmond
 or Town of Richmond
 or City of Richmond
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 4600 Registered No. 98
 (For use of Local Registrar)

St. St. Ward Ward

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

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|--|---|---------------------------------------|---|---|
| (3) SEX OR CHILD <u>Boy</u> | (4) Twin or Triplet <u>No</u> To be answered only in case of Twin or Triplet | (5) Number in order of birth <u>1</u> | (6) Age at birth <u>Year</u> | (7) DATE OF BIRTH <u>2-23</u> (Name of Month) (Day) (Year) |
| FATHER. | | | MOTHER. | |
| (8) FULL NAME <u>Isaac Gill</u> | | | (14) NAME OF MOTHER <u>Isaac Gill</u> | |
| (9) PRESENT RESIDENCE OF FATHER <u>Richmond St</u> | | | (15) PRESENT RESIDENCE OF MOTHER <u>Richmond St</u> | |
| (10) COLOR OR RACE <u>White</u> | (11) AGE AT LAST BIRTHDAY <u>20</u> (Year) | (16) COLOR OR RACE <u>White</u> | (17) AGE AT LAST BIRTHDAY <u>20</u> (Year) | |
| (12) BIRTHPLACE <u>St. C.</u> | | | (18) BIRTHPLACE <u>St. C.</u> | |
| (13) OCCUPATION <u>Farm Labor</u> | | | (19) OCCUPATION <u>Farm Labor</u> | |
| (20) Number of children born to mother, including present birth <u>1</u> | | | (21) Number of children of this mother now living, including present birth <u>1</u> | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 11 P.M.
 on the date above stated. (Sign place of stillborn) (Sign A. M. or P. M.)

(23) (Signature) Harold W. Robinson
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Richmond St

Given name added from a supplemental report Isaac Gill

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

(27) Signed Isaac Gill 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.