

Form No. 1

## (1) PLACE OF BIRTH

County of Williams Co.  
 Township of Laurie

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

54068

Inc. Town of Latture Registration District No. 4305 Registered No. 15  
 (For use of Local Registrar)  
 City of Latture (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 Walter Gela { 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 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH March 10th 1916  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Kelly A. Gela Jr  
 (9) PRESENT POSTOFFICE OF FATHER Latture  
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 30 (Years)  
 (12) BIRTHPLACE Williamsburg Co  
 (13) OCCUPATION Farming  
 (20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Julia Simon  
 (15) PRESENT POSTOFFICE OF MOTHER Latture  
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 25 (Years)  
 (18) BIRTHPLACE Berkeley Ca  
 (19) OCCUPATION Farming  
 (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 alive at 3 P.M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Bertrand Brown  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Latture S.C.

Given name added from a supplemental report

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

(27) Filed March 11 1916 (28) Albert R. Moseley  
 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.

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.