

(1) PLACE OF BIRTH

County of Williamsburg
 Township of Kingstree
 or
 Inc. Town of Kingstree, S.C.
 or
 City of Kingstree

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

File No. - For State Register Only
5424

Registration District No. 134

Registered No. 7110
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Sam Lewis Gilliland

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

(1) SEX OF 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) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 3, 1923</u> (Name of Month) (Day) (Year)
(8) FATHER FULL NAME <u>Sam Lewis Gilliland</u> PRESENT POSTOFFICE OF FATHER <u>Kingstree, S.C.</u> COLOR OR RACE <u>White</u> BIRTHPLACE <u>Laurie County, N.C.</u> OCCUPATION <u>Bricklayer</u>		(9) MOTHER NAME BEFORE MARRIAGE <u>Helen Jane Kennedy</u> PRESENT POSTOFFICE OF MOTHER <u>Kingstree, S.C.</u> COLOR OR RACE <u>White</u> BIRTHPLACE <u>Williamsburg County, N.C.</u> OCCUPATION <u>Domestic - own home</u>		
(10) AGE AT LAST BIRTHDAY <u>36</u> (Years)		(11) AGE AT LAST BIRTHDAY <u>28</u> (Years)		
(12) Number of children born to mother, including present birth <u>One</u>		(13) Number of children of this mother now living, including present birth <u>One</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 3:30 P.M. on the date above stated.
 (alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. M. Montague, M.D.
 (24) State whether Physician or Midwife Physician
 (25) Address of Physician or Midwife Kingstree, S.C.

Give name added from a supplemental report

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

(27) Filed Feb. 21, 1923 (28) J. S. McEachern
 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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