

(1) PLACE OF BIRTH

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

File No. — For State Registrar Only

12256

County of Beaufort
 Township of Green
 or
 Inc. Town of
 or
 City of

Registration District No. 3504Registered No. 34

(For use of Local Registrar)

(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 Richard Adessa Gaillard

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>3/17/1922</u> (Name) (Month) (Day) (Year)
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FATHER.

(8) FULL NAME J. L. Gaillard
 (9) PRESENT POSTOFFICE OF FATHER Newry SC
 (10) COLOR OR RACE White
 (11) AGE AT LAST BIRTHDAY 28 (Years)
 (12) BIRTHPLACE SC

MOTHER.

(14) NAME BEFORE MARRIAGE Adessa Boggs
 (15) PRESENT POSTOFFICE OF MOTHER Newry SC
 (16) COLOR OR RACE White
 (17) AGE AT LAST BIRTHDAY 26 (Years)
 (18) BIRTHPLACE SC
 (19) OCCUPATION House wife

(13) OCCUPATION Salesman
 (20) Number of children born to mother, including present birth 15

(21) Number of children of this mother now living, including present birth 15

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 9:00 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. C. Mares

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

PhysicianNewry SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed 4/10/22

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(28) E. C. Clapp Local Registrar

Registrar

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.