

FORM NO. 6

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

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 8.

McCaw, of Columbia.

(1) PLACE OF BIRTH

County of Greenwich  
Township of Chick Spg

Inc. Town of ..... or  
Registration District No. 2204 Registered No. 81  
(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 Hazel Elizabeth Gilliard If child is not yet named, make supplemental report as directed

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

FATHER.

(8) FULL NAME Joseph Gilliard  
(9) PRESENT POSTOFFICE OF FATHER Taylor's R.F.D. 2  
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 64 (Years)  
(12) BIRTHPLACE Greenwich County  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth { 5

MOTHER.

(14) NAME BEFORE MARRIAGE Anna Durand  
(15) PRESENT POSTOFFICE OF MOTHER Taylor's R.F.D. 2  
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 33 (Years)  
(18) BIRTHPLACE Greenwich County  
(19) OCCUPATION House wife  
(21) Number of children of this mother now living, including present birth { 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 9:30 P. M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) W. M. Williams  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Taylor's R.F.D. 2

Given name added from a supplemental report

..... 191.....

..... Registrar

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

(27) Filed AUG. 15 1916 (28) J. W. Ganett 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.

File No.—For State Registrar Only  
**72937**