

(1) PLACE OF BIRTH

County of Anderson

Township of

or

Inc. Town of Piedmont

or

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

71212

Registration District No. 318 Registered No. 52

(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL? girl(4) Twin or Triplet? no(5) Number in order of birth no(6) Are Parents Married? yes(7) DATE OF BIRTH Aug. 28, 1914

(Name of month) (Day) (Year)

FATHER.

(8) FULL NAME Walter Gillard(9) PRESENT POSTOFFICE OF FATHER Piedmont(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 28

(Years)

(12) BIRTHPLACE Ocone(13) OCCUPATION Mill work(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Minnie Kirby(15) PRESENT POSTOFFICE OF MOTHER Piedmont(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 23

(Years)

(18) BIRTHPLACE Ocone(19) OCCUPATION House work(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 alive at 9:20 A.M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) A. H. Campbell(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Piedmont

Given name added from a supplemental report

(26) Witness

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

(27) Filed Sept 2

1914

(28)

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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