

(3) PLACE OF BIRTH

County of Williamsburg
Township of York

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

5481

In. Town of Registration District No. 4311 Registered No. 12
(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 Aslen M. Gill If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb. 16</u> 19 <u>23</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>John M. Gill</u>			(14) NAME BEFORE MARRIAGE <u>Pauline Watson</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Kingstree S.C. B.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Kingstree S.C. B. #1</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>56</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>35</u> (Years)	
(12) BIRTHPLACE <u>Williamsburg</u>			(18) BIRTHPLACE <u>Marion Co. S.C.</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>House wife</u>	
(20) Number of children born to mother, including present birth <u>4</u>			(21) Number of children of this mother now living, including present birth <u>4</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Jessie Pank
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Kingstree S.C. B. #1Given name added from a supplemental report
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Registrar(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Mar. 1, 1923 (28) S. T. G. Duke 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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