

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH USFARNO-INC—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 5.

(1) PLACE OF BIRTH  
County of Charleston  
Township of James Island  
or  
Inc. Town of .....  
City of ..... (No. .... St. .... Ward)  
(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  
614

Registration District No. 907 Registered No. 10  
(For use of Local Registrar)

(2) Full Name of Child Josie Gaillard If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 24 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 15 1922  
(Specify of Month (Day) (Year))

FATHER  
(8) FULL NAME David Gaillard  
(9) PRESENT POSTOFFICE OF FATHER James Island  
(10) COLOR OR RACE Blk (11) AGE AT LAST BIRTHDAY 24 (Years)  
(12) BIRTHPLACE James Island  
(13) OCCUPATION Farmer

MOTHER  
(14) NAME BEFORE MARRIAGE Annie Beliston  
(15) PRESENT POSTOFFICE OF MOTHER James Island S.C.  
(16) COLOR OR RACE W/Bk (17) AGE AT LAST BIRTHDAY 31 (Years)  
(18) BIRTHPLACE James Island S.C.  
(19) OCCUPATION Housewife  
(20) Number of children born to mother, including present birth 3 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  
(22) I hereby certify that I attended the birth of this child, who was born alive at ..... M.  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.

(23) (Signature) X Rachel Matron  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife At C. Beliston S.C.

Given name added from a supplemental report  
P. F. Gaillard  
Sub-Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
R. S. R. Seabrook  
(27) Filed Jan 21 1922 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.

RECORD OF COLUMBIA, COLUMBIA, S. C.