

(1) PLACE OF BIRTH

County of GreenvilleTownship of Highland

OR

Inc. Town of

OR

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

Gill

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

(3) BOY OR GIRL

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married

(7) DATE OF BIRTH

Month Day Year

FATHER.

(8) FULL NAME

J. C. Gill

(9) PRESENT POSTOFFICE OF FATHER

Greenville 2

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

26

(12) BIRTHPLACE

S. C.

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Annada Ward

(15) PRESENT POSTOFFICE OF MOTHER

Greenville 2

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

18

(18) BIRTHPLACE

N. C.

(19) OCCUPATION

Housewife

(20) Number of children born to mother, including present birth

1

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was... at 11:15 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

N. D. Mason

(24) State whether Physician or Midwife

Phys

(25) Address of Physician or Midwife

Campanella

(Given name added from a supplemental report)

(26) Witness

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

(27) Filed

Jan 23, 1922

(28)

S. J. Wilson
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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