

(1) PLACE OF BIRTH

County of Beaufort.....Township of Hiltonhead.....OR
Inc. Town of.....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 HealthRegistration District No. 802.....Registered No. 48.....

(For use of Local Registrar)

(2) Full Name of Child Richard Gadsden.....

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

(3) BOY OR GIRL? <u>BOY</u>	(4) Twin or Triplet? To be answered only in case of Twins or Triplets	(5) Number in order of birth <u>5</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec.</u> <u>18</u> <u>1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Joseph Gadsden(9) PRESENT POSTOFFICE OF FATHER Hiltonhead, S. C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 24
(Years)(12) BIRTHPLACE S. C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth: { 5.....

MOTHER.

(14) NAME BEFORE MARRIAGE Milly Smith(15) PRESENT POSTOFFICE OF MOTHER Hiltonhead, S. C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 25
(Years)(18) BIRTHPLACE S. C.(19) OCCUPATION Farm Laborer(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 born alive..... at 5... A.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Clara H. Higfall

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

MidwifeHiltonhead, S. C.

Given name added from a supplemental report

(26) Witness Al D. Brown

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

(27) Filed Dec. 18 1922 (28) Al D. Brown
Registrar 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.