

FORM NO. 3.

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of Charleston STATE OF SOUTH CAROLINA.Township of Christ Church Bureau of Vital Statistics
or
Inc. Town of Danish State Board of HealthRegistration District No. 901 Registered No. 30
(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 James Gallon { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? _____ (5) Number in order of birth _____ (6) Are Parents Married? No (7) DATE OF BIRTH Sept. 30, 1916
To be answered only in event of twins or triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Illegitimate

(9) PRESENT POSTOFFICE OF FATHER _____

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY _____ (Years)

(12) BIRTHPLACE _____

(13) OCCUPATION _____

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Frances Gallon(15) PRESENT POSTOFFICE OF MOTHER W. Charleston S.C.(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 18 (Years)(18) BIRTHPLACE Phillips Plantation(19) OCCUPATION Farming(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 alive at _____ M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Madwife Prague Bonneau(24) State whether Physician or Midwife (25) Address of Physician or Midwife W. Charleston S.C.

Given name added from a supplemental report

_____, 191_____

_____, Registrar

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

(27) Filed Sept 25 1916 (28) W. H. McQueen 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—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.

McCaw, of Columbia.

File No.—For State Registrar Only
76076