

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.

(1) PLACE OF BIRTH		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <b>73876</b>	
County of <u>Marion</u> Township of <u>Prussia</u> or Inc. Town of ..... or City of ..... (No. .... St.; ..... Ward)		Registration District No. <u>3205</u> Registered No. <u>280</u> (For use of Local Registrar)			
(2) Full Name of Child <u>Reneau Gilchrist</u>		(If child is not yet named, make supplemental report as directed)			
(3) <del>BOY OR GIRL</del>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Aug 16, 1916</u> (Name of Month) (Day) (Year)	
FATHER (8) FULL NAME <u>Harrison Gilchrist</u> (9) PRESENT POSTOFFICE OF FATHER <u>Mullins, S.C.</u> (10) COLOR OR RACE <u>Negro</u> (11) AGE AT LAST BIRTHDAY <u>27</u> (Years) (12) BIRTHPLACE <u>Marion Co.</u> (13) OCCUPATION <u>Farming</u> (20) Number of children born to mother, including present birth <u>30</u>			MOTHER (14) NAME BEFORE MARRIAGE <u>Flora Jordan</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Mullins S.C.</u> (16) COLOR OR RACE <u>Negro</u> (17) AGE AT LAST BIRTHDAY <u>22</u> (Years) (18) BIRTHPLACE <u>Marion Co.</u> (19) OCCUPATION <u>Farm Laborer</u> (21) Number of children of this mother now living, including present birth <u>3</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* (22) I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>3:30 P.M.</u> on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.) (23) (Signature) <u>Anna X. Powell</u> (24) State whether Physician or Midwife <u>midwife</u> (25) Address of Physician or Midwife <u>Mullins, S.C.</u> Given name added from a supplemental report ..... (26) Witness <u>H. E. Rogers</u> (Signature of Witness necessary only when question 23 is signed by mark) (27) Filed <u>8/21/16</u> (28) <u>H. E. Rogers</u> 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.					