

## (1) PLACE OF BIRTH

County of *T. C. Spook...*Township of *T. C. Spook...*

or

Inc. Town of

or

City of *Columbia*

(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

Registration District No. *10003*

File No.—For State Registrar Only

10428

Registered No. *21*

(For use of Local Registrar)

(2) Full Name of Child *Hayel Gill*

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

(3) BOY OR GIRL? *Girl*(4) Twin or Triplet? *—*

(5) Number in order of birth

(6) Are Parents Married? *Yes*(7) DATE OF BIRTH *April 15*

(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME *John Gill*(9) PRESENT POSTOFFICE OF FATHER *King's Creek S.C.*(10) COLOR OR RACE *Black*(11) AGE AT LAST BIRTHDAY *45*

(Years)

(12) BIRTHPLACE *Work M. S.C.*(13) OCCUPATION *Farmer*(20) Number of children born to mother, including present birth *4*

## MOTHER

(14) NAME BEFORE MARRIAGE *Dora Gill*(15) PRESENT POSTOFFICE OF MOTHER *King's Creek S.C.*(16) COLOR OR RACE *Black*(17) AGE AT LAST BIRTHDAY *24*

(Years)

(18) BIRTHPLACE *Work M. S.C.*(19) OCCUPATION *Housewife*(21) Number of children of this mother now living, including present birth *4*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *alive* at *11 P.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Sally Turner*(24) State whether Physician or Midwife *Midwife*(25) Address of Physician or Midwife *King's Creek S.C.*

(Given name added from a supplemental report)

(26) Witness

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

(27) Filed *May 6*19 *22*(28) *J. A. Williams*

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.