

MARGIN RESERVED FOR INDEXING.
 WRITE PLAINLY, WITH LEADING 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

County of Charleston
 Township of St. O. St. M.
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
14077

Registration District No. 909 Registered No. 106
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. 5 Mile St.; Ward)

(2) Full Name of Child Baby Gillen If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH May 26 1922
 (Name of Month) (Day) (Year)

FATHER. (8) FULL NAME Henry Gillen (14) NAME BEFORE MARRIAGE Ethel Jackson

(9) PRESENT POSTOFFICE OF FATHER Box 129 Route 2 Charleston (15) PRESENT ADDRESS OF MOTHER Box 129 Route 2

(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 24 (16) COLOR OR RACE col. (17) AGE AT LAST BIRTHDAY 20
 (Years) (Years)

(12) BIRTHPLACE Charleston (13) OCCUPATION Common Laborer (18) BIRTHPLACE Charleston (19) OCCUPATION Housework

(20) Number of children born to mother, including present birth 3 (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 1 a M., on the date above stated. (Born alive or stillborn) (Hour, M., or P. M.)

(23) (Signature) Lucy Washington (24) State whether Physician or Midwife R. Midwife (25) Address of Physician or Midwife

Give name added from a supplemental report

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

(27) Filed June 8 1922 (28) C. F. Myers 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.