

## (1) PLACE OF BIRTH

County of Richland

Township of .....

or  
Inc. Town of .....or  
City of Columbia St

(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

File No.—For State Registrar Only  
91545

Registration District No. 38A Registered No. 1617  
 (For use of Local Registrar)

## (2) Full Name of Child

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 30, 1916  
 (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Robert Gillin  
 (9) PRESENT POSTOFFICE OF FATHER 913 Washington  
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 30  
 (12) BIRTHPLACE Columbia St  
 (13) OCCUPATION mill work  
 (14) NAME BEFORE MARRIAGE Carrie House  
 (15) PRESENT POSTOFFICE OF MOTHER 913 Washington St  
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 30  
 (18) BIRTHPLACE Eastover St  
 (19) OCCUPATION Wash woman  
 (20) Number of children born to mother, including present birth 6  
 (21) Number of children of this mother now living, including present birth 6

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***  
 (22) I hereby certify that I attended the birth of this child, who was alive at five A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Margaret Large  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife midwife 1717 Blossom St

Given name added from a supplemental report  
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark) Willie Green  
 (27) Filed 1/9/17 1917 (28) Willie Green 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.

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