

(1) PLACE OF BIRTH

County of Richland

Township of .....

or  
Inc. Town of .....

City of Columbia S.C.

(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?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH. Dec 30, 1916  
(Name of Month) (Day) (Year)

(8) FULL NAME FATHER Robert Gilhn

(9) PRESENT POSTOFFICE OF FATHER 913 Washington

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 30 (Years)

(12) BIRTHPLACE Columbia S.C.

(13) OCCUPATION mill work

(20) Number of children born to mother, including present birth 0

(14) NAME BEFORE MARRIAGE MOTHER Carrie house

(15) PRESENT POSTOFFICE OF MOTHER 913 Washington st

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 30 (Years)

(18) BIRTHPLACE Eastover S.C.

(19) OCCUPATION Wash woman

(21) Number of children of this mother now living, including present birth 1-0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive five at 9 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Margaret Sarge

(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife 1017 Blossom st

Given name added from a supplemental report

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

(27) Filed 1/9/17 1917 (28) Collie Cream 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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MARGIN RESERVED FOR RECORDING. THIS IS A PUBLIC DOCUMENT. WHITE PLAINLY, WITH UNFADING INK. IN CASE OF TWINS OR TRIPLETS USE SEPARATE SLIP FOR EACH CHILD, and in question 5. N. B.—In case of JAVINS OR TRIPLETS USE SEPARATE SLIP FOR EACH CHILD, and in question 5. N. B.—In case of JAVINS OR TRIPLETS USE SEPARATE SLIP FOR EACH CHILD, and in question 5. N. B.—In case of JAVINS OR TRIPLETS USE SEPARATE SLIP FOR EACH CHILD, and in question 5. N. B.—In case of JAVINS OR TRIPLETS USE SEPARATE SLIP FOR EACH CHILD, and in question 5.