

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

(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

40880

Registration District No. 311

Registered No. 76
(For use of Local Registrar)

(2) Full Name of Child

Elizabeth Gilliam

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

(3) BOY OR GIRL?

Girl

(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 Dec 22 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Clarence Gilliam

(9) PRESENT POSTOFFICE OF FATHER

Star S.C. Rte 2

(10) COLOR OR RACE

Col

(11) AGE AT LAST BIRTHDAY

25
(Years)

(12) BIRTHPLACE

Anderson Co

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Ora Pickens

(15) PRESENT POSTOFFICE OF MOTHER

Star S.C. Rte 2

(16) COLOR OR RACE

Col

(17) AGE AT LAST BIRTHDAY

23
(Years)

(18) BIRTHPLACE

Anderson Co. S.C.

(19) OCCUPATION

Farmer

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

3

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 12 a. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Francis Pickens

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Star 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

Jan 9 1923

(28)

L. A. Todd

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.