

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the SEPARATE, No. 1, 2, etc., in question 8.

(1) PLACE OF BIRTH

County of Franklin
 Township of Franklin
 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
2505

Registration District No H002 B Registered No. 14
 (For use of Local Registrar)

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

(2) Full Name of Child JAMES W. GILMAN

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

(3) BOY OR GIRL boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 23 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James W. Gilman
 (9) PRESENT POSTOFFICE OF FATHER Box 50 R2
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 22
 (Years)
 (12) BIRTHPLACE IL
 (13) OCCUPATION Teacher

MOTHER.

(14) NAME BEFORE MARRIAGE Maxine Turner
 (15) PRESENT POSTOFFICE OF MOTHER Box 50 R2
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 22
 (Years)
 (18) BIRTHPLACE IL
 (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 1 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) W. J. Gilman

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Box 50 R2

Given name added from a supplemental report

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

(27) Filed Jan 23 1922 (28) W. J. Gilman 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.