

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING 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.

State of Columbia, COLUMBIA, S. C.

Form No. 2.

(1) PLACE OF BIRTH

County of Madison  
Township of 111  
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  
**88513**

Registration District No. 600 Registered No. 112A  
(For use of Local Registrar).

(2) Full Name of Child

Willie Gellison Jr

(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 case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

November 18  
(Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME

Willie Gellison Sr

(9) PRESENT POSTOFFICE OF FATHER

Shobrook SC

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY 35  
(Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

Farm

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

7

**MOTHER.**

(14) NAME BEFORE MARRIAGE

Annie Gellison

(15) PRESENT POSTOFFICE OF MOTHER

Shobrook SC

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY 30  
(Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

Housework

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

7

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born alive at 11 P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Shobrook SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed

11/3

(28)

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.