

(1) PLACE OF BIRTH

County of Alameda
Township of Lawrence
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

Registration District No. 240

File No.—For State Registrar Only

11500

Registered No. 72
(For use of Local Registrar)

City of _____ (No. _____ St.; _____ Ward)
 If patient never in a hospital or other institution give name of same instead of street and number.)

(2) Full Name of Child Paul Tracy Gillson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? GIRL

(4) Twin or Triplet? X

(5) Number in order of birth

(6) Are Parents Married? No

(7) DATE OF BIRTH July 13, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER *Shane*

(10) COLOR OR RACE *Black* (11) AGE AT LAST BIRTHDAY *28* (Years)

(12) BIRTHPLACE _____

(13) OCCUPATION

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

MOTHER

(14) NAME BEFORE MARRIAGE *Gertrude Wilson*

(15) PRESENT POSTOFFICE OF MOTHER *Garrett*

(18) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 20 (Years)

(18) BIRTHPLACE

(19) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 9.9 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (SIGNATURE) M. A. [illegible] 12/13/50

(24) State whether Physician or Midwife

Given name added from a supplement-
al report

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

(27) Filed 3/11/1927 (28) [Signature] 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.

W. P. Ellis JR