

Form No. 1

(1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

70718

County of UnionTownship of Fish Damor  
Inc. Town ofRegistration District No. 4203 Registered No. 28  
(For use of Local Registrar)City of ..... (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 John Bell Gilliam { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Girl (4) Twin or Triplet? ..... (5) Number in order of birth 10 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 26 1916  
(Name of Month) (Day) (Year)  
To be answered only in event of Twins or Triplets

## FATHER.

(8) FULL NAME Perry Gilliam(9) PRESENT POSTOFFICE OF FATHER Carlisle(10) COLOR OR RACE Blk (11) AGE AT LAST BIRTHDAY 38 (Years)(12) BIRTHPLACE S.S.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 10

## MOTHER.

(14) NAME BEFORE MARRIAGE Lula Booker(15) PRESENT POSTOFFICE OF MOTHER Carlisle(16) COLOR OR RACE Blk (17) AGE AT LAST BIRTHDAY 33 (Years)(18) BIRTHPLACE S.S.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive, at ..... P.M.,  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) J. H. Jones, D.O.(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Carlisle 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 July 11 1916 (28) P. H. Jeter  
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.

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.