

## (1) PLACE OF BIRTH

County of Abbeville  
 Township of Abbeville

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

28445

Registration District No. 104 Registered No. 57  
 (For use of Local Registrar)

2) Full Name of Child James Andrew Gilliam

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

(3) BOY OR GIRL  
Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Age PAves  
Married?(7) DATE OF BIRTH Sept. 3 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Oscar Motte Gilliam(9) PRESENT POSTOFFICE OF FATHER Abbeville, S. C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31 (Years)(12) BIRTHPLACE Abbeville Co.

(13) OCCUPATION

Farmer(20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Margarette Agnes McKenzie(15) PRESENT POSTOFFICE OF MOTHER Abbeville, S. C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Years)(18) BIRTHPLACE Abbeville, S. C.

(19) OCCUPATION

House wife(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 12.30 A.M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. E. Gamble, M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Abbeville, S. C.

Given name added from a supplemental report

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Registrar

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Sept. 22 1922 (28) S. E. Pressly  
Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. X  
 a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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MARGIN RESERVED FOR BINDING. WITH PLAINLY, WITH THE ADJOINING 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.

Review of Columbia