

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

43154

County of Gaillard

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Township of Verdery

or

Inc. Town of

or

City of

Registration District No. 2313Registered No. 42

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number)

(2) Full Name of Child Allen Pilar

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

(3) BOY OR
GIRL? Boy(4) Twins
or Triplet?(5) Number in
order of birth(6) Are
Parents
Married? no(7) DATE OF BIRTH Feb 8
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME(9) PRESENT
POSTOFFICE
OF FATHER(10) COLOR
OR
RACE negro(11) AGE AT LAST
BIRTHDAY 26
(Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

MOTHER.

(14) NAME BEFORE
MARRIAGE Janie Pilar(15) PRESENT
POSTOFFICE
OF MOTHER Verdery(16) COLOR
OR
RACE negro(17) AGE AT LAST
BIRTHDAY 23
(Years)(18) BIRTHPLACE Gaillard Co(19) OCCUPATION Housekeeper(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 alive at 4 P M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Edw. Smith

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

Given name added from a supplement-
tal report(26) Witness
(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed Jan 1916 (28) S. R. Brooks
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.WRITE CLEARLY, 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.

MAINTAIN THIS RECORD FOR FUTURE REFERENCE

State of Columbia