

## (1) PLACE OF BIRTH

County of Union  
 Township of Sanitich  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

16147

Registration District No. 4206 Registered No. 11  
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 (No. .... St. .... Ward)

(2) Full Name of Child Louise Gilliam If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Type of Triplet To be answered only in event of Twins or Triplets (5) Age of Child 20 (6) DATE OF BIRTH January 15, 23  
 (Day) (Year)

## FATHER.

(8) FULL NAME .....  
 (9) PRESENT POSTOFFICE OF FATHER .....  
 (10) COLOR OR RACE ..... (11) AGE AT LAST BIRTHDAY (Year) .....  
 (12) BIRTHPLACE .....  
 (13) OCCUPATION .....  
 (14) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Mandy Gilliam  
 (15) PRESENT POSTOFFICE OF MOTHER Sanitich SC  
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY (Year) 18  
 (18) BIRTHPLACE SC  
 (19) OCCUPATION House & Field work  
 (20) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Born alive at 12 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) Bella Gilliam  
 (23) State whether Physician or Midwife midwife (24) Address of Physician or Midwife Sanitich, SC

(25) Give name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed June 10, 23 (28) John J. 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.

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