

**CERTIFICATE OF BIRTH**

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

File No.—For State Registrar Only

74117

(1) PLACE OF BIRTH

County of Colleton

Township of W. H. G. C. W.

Inc. Town of .....

City of .....

Registration District No. 25705 Registered No. 134

(For use ~~in~~ Local Registrar)

(2) Full Name of Child .....

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>3</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug. 13, 1916</u> <small>(Name of Month) (Day) (Year)</small>
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**FATHER.**

**MOTHER.**

(8) FULL NAME Thaddeus E Gerard

(14) NAME BEFORE MARRIAGE Blanche E Nonea

(9) PRESENT POSTOFFICE OF FATHER Westminster

(15) PRESENT POSTOFFICE OF MOTHER Westminster

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 31 (Years)

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 27 (Years)

(12) BIRTHPLACE Colleton

(18) BIRTHPLACE Colleton

(13) OCCUPATION Clerk

(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth { 3 .....

(21) Number of children of this mother now living, including present birth { 3 .....

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was alive at 3:20 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. A. Strickland, M. D.

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

Physician Westminster, S.C.

Given name added from a supplemental report  
..... 191.....  
.....  
Registrar

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

(27) Filed 9-11-1916 (28) W. D. Shepherd 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.

MARGIN RESERVED FOR BINDING.  
WRITE PLAINLY, 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.  
McCaw, of Columbia.