

Form No. 1

(1) PLACE OF BIRTH

County of Sumter  
Township of Cornland  
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  
**24041**

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

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
(No. 4100 St.; ..... Ward)

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

3 BOY OR GIRL Boy (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married? no (7) DATE OF BIRTH May 26 1922  
(Name of Month) (Day) (Year)

FATHER.

8 FULL NAME Illegitimate

9 PRESENT POSTOFFICE OF FATHER

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

12 BIRTHPLACE

13 OCCUPATION

20 Number of children born to mother, including present birth

MOTHER.

(14) NAME BEFORE MARRIAGE Louise Gaillard

(15) PRESENT POSTOFFICE OF MOTHER Sumter S. C. R. 1

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY.....  
(Years) 19

(18) BIRTHPLACE do

(19) OCCUPATION at home

(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... Born alive at 7... P. M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Edna Brown (25) Address of Physician or Midwife Sumter S. C.

(24) State whether Physician or Midwife

Given name added from a supplemental report

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

(27) Filed June 7... 1922 (28) J. D. Kinney 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 A READING 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.

MOGAW OF COLUMBIA, COLUMBIA S. C.