

Form No. 1

(1) PLACE OF BIRTH

County of SumterTownship of Cornland

or

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

24041

Registration District No.

Registered No.

(For use of Local Registrar)

(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?

To be answered only in event of Twins or Triplets

(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

1

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

19
(Years)

(18) BIRTHPLACE

(19) OCCUPATION

at home

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

1

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

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Sumter S.C.

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) By

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.