

(1) PLACE OF BIRTH

County of Sancastr
 Township of Jill Creek
 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
43203

Registration District No. 2804

Registered No. 239
 (For use of Local Registrar)

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

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

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 16 1922
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Philb Gillman
 (9) PRESENT POSTOFFICE OF FATHER Sancastr S C
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 47 (Year)
 (12) BIRTHPLACE Sancastr S C
 (13) OCCUPATION farmer
 (20) Number of children born to mother, including present birth 101

MOTHER.

(14) NAME BEFORE MARRIAGE Little Williams
 (15) PRESENT POSTOFFICE OF MOTHER Sancastr S C
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 45 (Year)
 (18) BIRTHPLACE Sancastr S C
 (19) OCCUPATION farmer
 (21) Number of children of this mother surviving, 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 9 P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Hannah Crawford
 (24) State whether Physician or Midwife

(25) Address of Physician or Midwife Sancastr S C

Given name added from a supplemental report

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

(27) Filed 12-18 1922 (28) J. F. Thompson 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.