

Form No. 1

## (1) PLACE OF BIRTH

County of

*Berkely Co.*

Township of

*1<sup>st</sup> St. John*

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 HealthFile No.—For State Registrar Only  
**48201**

Registration District No.

Registered No.

(For use of Local Registrar)

St.; ..... Ward)

## (2) Full Name of Child

*Sarah Gadsden*

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

(3) BOY OR GIRL?

*Girl*

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

*July 15*

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

*Ellean Gadsden*

(9) PRESENT POSTOFFICE OF FATHER

*Murchison*

(10) COLOR OR RACE

*negro*

(11) AGE AT LAST BIRTHDAY

*35*

(Years)

(12) BIRTHPLACE

*Berkely Co.*

(13) OCCUPATION

*Farmer*

## MOTHER.

(14) NAME BEFORE MARRIAGE

*Martha Cree*

(15) PRESENT POSTOFFICE OF MOTHER

*Murchison*

(16) COLOR OR RACE

*negro*

(17) AGE AT LAST BIRTHDAY

*25*

(Years)

(18) BIRTHPLACE

*Berkely Co.*

(19) OCCUPATION

*Farmer*

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

*4*

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

*4*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *alive* at *7 a* M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

*R. S. Smith, M.D.*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*Midwife**Murchison*

Given name added from a supplemental report

(26) Witness

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

(27) Filed

*March 7, 1916*

(28)

Local Registrar

WRITE PLAINLY, WITH LEADING INK.—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and make the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

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.