

(1) PLACE OF BIRTH

County of HerndonTownship of Belknap

Inc. Town of

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

19112

Registration District No. 7761Registered No. 113
(For use of Local Registrar)

(2) Full Name of Child

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

(6) Are Parents Married? Yes(7) DATE OF BIRTH June 16 1912
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

David Gilles

(9) PRESENT POSTOFFICE OF FATHER

Boykin(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 37
(Years)

(12) BIRTHPLACE

Herndon

(13) OCCUPATION

Farming

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

4

MOTHER.

(14) NAME BEFORE MARRIAGE

Daisy Young

(15) PRESENT POSTOFFICE OF MOTHER

Boykin(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 30
(Years)

(18) BIRTHPLACE

Herndon Co

(19) OCCUPATION

Housewife

(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 born alive at 11 A M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. C. Gilles(24) State of South Carolina(25) Address of Physician or Midwife Campbell

Given name added from a supplemental report

(26) Witness

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

(27) Filed June 22 1912

(28)

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.

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