

(1) PLACE OF BIRTH

County of Fairfield  
 Township of 8  
 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  
**52086**

Registration District No. 1907 Registered No. 10  
 (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 ..... } If child is not yet named, make supplemental report as directed

|                              |  |                                       |                                     |   |
|------------------------------|--|---------------------------------------|-------------------------------------|---|
| (3) BOY OR GIRL? <u>Girl</u> | (4) Twin or Triplet? <u>None</u><br><small>To be answered only in event of Twins or Triplets</small> | (5) Number in order of birth <u>1</u> | (6) Are Parents Married? <u>Yes</u> | (7) DATE OF BIRTH <u>March 27</u> 19 <u>16</u><br><small>(Name of Month) (Day) (Year)</small> |
|------------------------------|--|---------------------------------------|-------------------------------------|---|

FATHER.

(8) FULL NAME Bill Gilyard  
 (9) PRESENT POSTOFFICE OF FATHER Ridgeway S.C.  
 (10) COLOR OR RACE black (11) AGE AT LAST BIRTHDAY 25 (Years)  
 (12) BIRTHPLACE Fairfield Co.  
 (13) OCCUPATION farmer  
 20) Number of children born to mother, including present birth { 7

MOTHER.

(14) NAME BEFORE MARRIAGE Lurina Hair  
 (15) PRESENT POSTOFFICE OF MOTHER Ridgeway S.C.  
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 23 (Years)  
 (18) BIRTHPLACE Fairfield Co.  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth { 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) .....  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report  
 ....., 191....  
 Registrar

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

(27) Filed Mar. 29 1916.. (28) J. E. C. Rapp 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.

McCaw, of Columbia FIRST-OR-N. No. 1. THE OTHER, No. 2, etc., in question 5. SEPARATE BLANK for each child, and make the