

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the PLANT-BORN, No. 1, THE OTHER, No. 2, etc. in question 5

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

540

120

County of

Township of

Inc. Town of

City of

Registration District No. 9 A

Registered No. 120

(For use of Local Registrar)

(No. 561 Rutledge 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 Wilfred Gaultis

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

(3) BOY OR GIRL

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF

BIRTH Jan. 28th 1922

(Time of Month) (Day) (Year)

FATHER.

(8) FULL NAME E. duard Gaultis

(9) PRESENT POSTOFFICE OF FATHER Charleston S.C.

(10) COLOR OR RACE Colored

(11) AGE AT LAST BIRTHDAY 45

(12) BIRTHPLACE Summersville S.C.

(13) OCCUPATION Laborer

MOTHER.

(14) NAME BEFORE MARRIAGE Elizabeth Lockwood

(15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.

(16) COLOR OR RACE Colored

(17) AGE AT LAST BIRTHDAY 42

(18) BIRTHPLACE Summersville S.C.

(19) OCCUPATION Laborer

(20) Number of children born to mother, including present birth 10

(21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) L. A. Green

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife 17th Street, S.C.

Given name added from a supplemental report

(26) Witness Mrs. A. B. Meyer

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

(27) Filed Jan 29 1922

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.

LOCAL Registrar

When reported as stillborn, No report is desired of stillbirths before the fifth month of pregnancy.

Form 2-2