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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 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Form No. 5

(1) PLACE OF BIRTH
 County of Orangeburg
 Township of Orange
 OR
 Inc. Town of
 OR
 City of *By Court Order 11-19-83, *Harry Lenard Gilliam
 (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
5326

Registration District No. 3413 Registered No. 8
 (For use of Local Registrar)

Ward

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? _____ To be answered only in case of Twins or Triplets	(5) Number in order of birth _____	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 12, 1922</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u>David Hyndrick Gilliam</u>	(14) NAME BEFORE MARRIAGE <u>Ida Catherine Funder</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Orangeburg S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Orangeburg S.C.</u>			
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>28</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>34</u> (Year)	
(12) BIRTHPLACE <u>Orangeburg, S.C.</u>	(18) BIRTHPLACE <u>Bamberg Co. S.C.</u>			
(13) OCCUPATION <u>Clerk furniture store</u>	(19) OCCUPATION <u>Housewife</u>			
(20) Number of children born to mother, including present birth <u>Five</u>	(21) Number of children of this mother now living, including present birth <u>Five</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 5:45 P.M. on the date above stated.
 (Born—live or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Vance W. Butcher
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Orangeburg, 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 Mar 4 1922 (28) A. H. Tamm 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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