

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)

(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? <u>To be answered only in case of Twins or Triplets</u>	(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)
(8) FATHER'S FULL NAME <u>David Hyndrick Gilliam</u>		(9) MOTHER'S NAME BEFORE MARRIAGE <u>Ida Catherine Funder</u>		
(10) PRESENT POSTOFFICE OF FATHER <u>Orangeburg S.C.</u>		(11) PRESENT POSTOFFICE OF MOTHER <u>Orangeburg S.C.</u>		
(12) COLOR OR RACE <u>White</u>	(13) AGE AT LAST BIRTHDAY <u>28</u> (Years)	(14) COLOR OR RACE <u>White</u>	(15) AGE AT LAST BIRTHDAY <u>34</u> (Years)	
(16) BIRTHPLACE <u>Orangeburg, S.C.</u>		(17) BIRTHPLACE <u>Bamberg Co. S.C.</u>		
(18) 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 alive 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

Amended E-1 JAN 28 1983

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

(27) Filed Mar 4 1922 (28) A. J. Young 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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