

MARGIN RESERVED FOR FINDING. 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 2.

(1) PLACE OF BIRTH
 County of Charleston
 Township of James Island
 or
 Inc. Town of
 or
 City of (No. St.; Ward)
 (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
609

Registration District No. 704 Registered No. 5
 (For use of Local Registrar)

(2) Full Name of Child Edward Gaillard Jr 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 (Month / Day / Year) <u>Jan 9 1932</u>
FATHER.			MOTHER.	
(8) FULL NAME <u>Edward Gaillard</u>			(14) NAME BEFORE MARRIAGE <u>Elizabeth Haywood</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>James Island</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>James Island S.C.</u>	
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>36</u> (Years)	(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)	
(12) BIRTHPLACE <u>James Island S.C.</u>			(18) BIRTHPLACE <u>James Island S.C.</u>	
(13) OCCUPATION <u>Farm Laborer</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>1 3</u>			(21) Number of children of this mother now living, including present birth <u>1 3</u>	

STATE OF SOUTH CAROLINA, S. C.

GIVEN NAME ADDED FROM A SUPPLEMENTAL REPORT
Edw. R. Gaillard
 Local Registrar

(22) I hereby certify that I attended the birth of this child, who was born alive at 11 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) x Laura Gaillard
 (24) State whether Physician or Midwife Midwife
 (25) Address of Physician or Midwife James Island S.C.

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
P. F. Grimbale
 Local Registrar

(27) Filed Jan 15 1932 (28) P. F. Grimbale
 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.