

1. PLACE OF BIRTH
County of CHARLESTON
Township of WATER
or
City of Charleston, S.C.

Standard Certificate of Birth
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
Registration District No. _____

FILE NO. 35044

City of Charleston, S.C. Reyer Hospital Registered No. _____

2. FULL NAME OF CHILD JAMES SUMNER GILLAN

3. Sex or Child Boy 4. Twin, triplet, or other _____ 5. Premature _____ 7. Legit. Yes 8. Date of Birth Nov. 29th, 1923

9. Full name Robert Lenox GILLAN FATHER 10. Full name Catherine Shelladenia CARRICE MOTHER

11. Residence (usual place of abode) 47 Line St., City 12. Residence (usual place of abode) 47 Line St., City

13. Color or race White 14. Age at last birthday 26 15. Color or race White 16. Age at last birthday 26

17. Birthplace (city or place) Orangeburg Co., S.C. 18. Birthplace (city or place) Orangeburg Co., S.C.

19. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Laborer 20. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Domestic

21. Industry or business in which work was done, as silk mill, sawmill, bank, etc. B. R. 22. Industry or business in which work was done, as silk mill, lawyer's office, etc. _____

23. Date (month and year) last engaged in this work _____ 24. Date (month and year) last engaged in this work _____

25. Total time (years) spent in this work _____ 26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead _____ (c) Stillborn _____

28. If stillborn, period of gestation _____ months _____ weeks 29. Cause of stillbirth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 12:00 P.M. above stated

(Signed) R. MacDonald M.D.

Address J. E. G. Co., S.C.

Filed Sept. 19, 1924

CORRECTED