

Form No. 1.

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

50384

Registration District No. 40-2

Registered No. 40

(For use of Local Registrar)

St.: Ward)

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Feb 21 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

David Gilligan

(9) PRESENT POSTOFFICE OF FATHER

Spartanburg, S.C.

(10) COLOR OR RACE

C

(11) AGE AT LAST BIRTHDAY 30
(Years)

(12) BIRTHPLACE

Union S.C.

(13) OCCUPATION

Carpenter

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

2

MOTHER.

(15) NAME BEFORE MARRIAGE

Fannie Sterling

(16) PRESENT POSTOFFICE OF MOTHER

Union S.C.

(17) COLOR OR RACE

C

(18) AGE AT LAST BIRTHDAY 25
(Years)

(19) BIRTHPLACE

Union S.C.

(20) OCCUPATION

Housewife

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive, at 2 P.M.,
(Born alive, or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature)

Sallie Jones

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

City

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Mch. 1916

(28)

Jas. Cooper

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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.

M. 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.

McCaw, of Columbia.