

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of Clarendon

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No. — For State Registrar Only
76449

Township of Widow's Bay

Inc. Town of _____
or _____

Registration District No. 1306 Registered No. 44
(For use of Local Registrar)

City of _____ (No. _____ St. _____ Ward _____)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Russell M. Gadden { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? _____ <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth _____	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>July 30 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

MOTHER.

(8) FULL NAME Cyrus M. Gadden

(14) NAME BEFORE MARRIAGE Estell Lowery

(9) PRESENT POSTOFFICE OF FATHER New Zion SC

(15) PRESENT POSTOFFICE OF MOTHER New Zion SC

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 22 (Years)

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 19 (Years)

(12) BIRTHPLACE Clarendon Co.

(18) BIRTHPLACE Clarendon Co.

(13) OCCUPATION farmer

(19) OCCUPATION farm laborer

(20) Number of children born to mother, including present birth { 1

(21) Number of children of this mother now living, including present birth { 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive, at 9 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Julia H. Byars

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife New Zion SC

Given name added from a supplemental report

(26) Witness Hugh M. Gadden
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Oct. 10 1916 (28) H. H. Smith 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.
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.
McCaw, of Columbia.