

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.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

76449

Registration District No. 13.06

Registered No. 44

(For use of Local Registrar)

## (2) Full Name of Child

Russell M. Gadden

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

July, 30, 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Cyrus M. Gadden

(9) PRESENT POSTOFFICE OF FATHER

New Zinn SC

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

22 (Years)

(12) BIRTHPLACE

Clarendon CO.

(13) OCCUPATION

Farmer

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

{ ..... 1 .....

## MOTHER.

(14) NAME BEFORE MARRIAGE

Estell Lowery

(15) PRESENT POSTOFFICE OF MOTHER

New Zinn SC

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

19 (Years)

(18) BIRTHPLACE

Clarendon CO.

(19) OCCUPATION

Farm Laborer

(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 2.....9.....A......M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Julia H. Gadden

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

Midwife

New Zinn 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.

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.

MARGIN RESERVED FOR BINDING.