

## (1) PLACE OF BIRTH

County of Union  
 Township of Buffalo  
 or  
 Inc. Town of Buffalo  
 or  
 City of \_\_\_\_\_

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

12275

Registration District No. 42BRegistered No. 40  
(For use of Local Registrar)

(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

Charles Eschong Gillon

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

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

April 8, 1923

(Name of Month) (Day) (Year)

## FATHER.

8. FULL NAME

Samuel Edward Gillon

9. PRESENT POSTOFFICE OF FATHER

Buffalo SC

10. COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

36

12. BIRTHPLACE

H. Ch. Carolina

13. OCCUPATION

Merchant

20. Number of children born to mother, including present birth

3

(14) NAME BEFORE MARRIAGE

Eugenia Byars

(15) PRESENT POSTOFFICE OF MOTHER

Buffalo SC

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

29

(18) BIRTHPLACE

Spartanburg County

(19) OCCUPATION

Housewife

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

3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed May 10, 1923Ed H. Woodward  
Local Registrar

19 \_\_\_\_\_ 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.

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