

(1) PLACE OF BIRTH

County of Union
Township of Doğanville
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. 42B

Registered No. 40
(For use of Local Registrar)

(2) Full Name of Child Charles Anthony 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

(14) NAME BEFORE MARRIAGE Eugenia Byars

9) PRESENT POSTOFFICE OF FATHER Buffalo SC

(15) PRESENT POSTOFFICE OF MOTHER Buffalo SC

10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 36
(Year)

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 29
(Year)

12) BIRTHPLACE North Carolina

(18) BIRTHPLACE Spartanburg County

13) OCCUPATION Merchant

(19) OCCUPATION Housewife

20) Number of children born to mother, including present birth 3

(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 born alive at 6:45 M., on the date above stated. (born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Buffalo SC

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 1923 by Jal H. Woodward Local Registrar

If 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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