

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.

(1) PLACE OF BIRTH

County of Wm. B. Co.Township of Johnstonor
Inc. Town ofor
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

44955

Registration District No. 4304Registered No. 167

(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child

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

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

Dec. 7, 1911
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Malcolm Gerrelty

(9) PRESENT POSTOFFICE OF FATHER

Hamway, S.C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

2
(Years)

(12) BIRTHPLACE

J.C.

(13) OCCUPATION

farm hand

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

2

MOTHER.

(14) NAME BEFORE MARRIAGE

Wida Rayne

(15) PRESENT POSTOFFICE OF MOTHER

Same

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

21
(Years)

(18) BIRTHPLACE

J.C.

(19) OCCUPATION

Housewife

(20) 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 born at Hamway, S.C. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature)

B. A. St. Luke

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

MidwifeColumbia

Given name added from a supplemental report

1911

Registrar

(26) Witness

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

(27) Filed

Dec 7, 1911

(28)

W. L. Lind

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.