

FORM NO. 13.
MARGIN RESERVED FOR INDEXING.
WHITE 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.

(1) PLACE OF BIRTH

County of Charleston
Township of Sandy Grove
or
Inc. Town of
or
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
48679

Registration District No. 1316 Registered No. 1
(For use of Local Registrar)
St. Ward

(2) Full Name of Child Jamara M. Gadden

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>7</u> <small>To be answered only in case of Twins or Triplets</small>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan 2</u> 191 <u>6</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Ernestine M. Gadden</u>			(14) NAME BEFORE MARRIAGE <u>Katie Brown</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Rockledge SC RFD #1</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Rockledge SC RFD #1</u>	
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>28</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)	
(12) BIRTHPLACE <u>Florence County</u>			(18) BIRTHPLACE <u>Florence County</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>House Wife</u>	
(20) Number of children born to mother, including present birth <u>7</u>			(21) Number of children of this mother now living, including present birth <u>Seven</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 5 P. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Edw. M. Gadden
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife Monroton

Given name added from a supplemental report
..... 191.....
.....
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Jan 15 1916 (28) R. E. 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.

fifth month of pregnancy.