

(1) PLACE OF BIRTH
 County of Waller STATE OF SOUTH CAROLINA.
 Township of Calhoun Bureau of Vital Statistics
 Inc. Town of Willington State Board of Health
 City of Willington Registration District No. 102

File No. — For State Registrar Only
62773

Registered No. 9
 (For use of Local Registrar)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Lenna Samuil Gullbourn If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 8</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Banks Gullbourn</u>			(14) NAME BEFORE MARRIAGE <u>Mary Danner</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Willington</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Willington</u>	
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>29</u> <small>(Years)</small>		(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>76</u> <small>(Years)</small>
(12) BIRTHPLACE <u>Willington, S.C.</u>			(18) BIRTHPLACE <u>Willington, S.C.</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>House wife</u>	
(20) Number of children born to mother, including present birth <u>10</u>			(21) Number of children of this mother now living, including present birth <u>10</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 9 PM on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) R. H. Mial

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

Given name added from a supplemental report

191....

Registrar

(26) Witness R. H. Mial

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

(27) Filed 6/17/1916

(28)

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.

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 N. No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia