

MARGIN RESERVED FOR BINDING.  
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 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.

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 State Board of Health

File No. — For State Registrar Only  
**84687**

(1) PLACE OF BIRTH  
 County of Charleston  
 Township of .....  
 or  
 Town Inc. or ..... Registration District No. 9A  
 or Charleston S.C. (No. 16 Nassau) Registered No. 1245  
 City of ..... (If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 City of ..... Full Name of Child Estel Gilliard

(2) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov. 12 1914  
To be answered only in case of Twins or Triplets

**FATHER.**

(8) FULL NAME Jack Gilliard  
 (9) PRESENT POSTOFFICE OF FATHER Charleston S.C.  
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 24  
 (12) BIRTHPLACE Bonnet S.C.  
 (13) OCCUPATION Laborer  
 (20) Number of children born to mother, including present birth 3

**MOTHER.**

(14) NAME BEFORE MARRIAGE Ella Warren  
 (15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.  
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 22  
 (18) BIRTHPLACE Bonnet S.C.  
 (19) OCCUPATION Laborer  
 (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 Alive, at Nov. 6 - 30 A.M.  
(Both alive or stillborn) (Hour A. M. or P. M.)  
 (23) (Signature) Edna Rutledge  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 16 Charlotte St  
 (26) Witness Ella Gilliard  
(Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed 11/14/14 (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.