

THIS CERTIFICATE IS A PERMANENT RECORD. IN CASE OF TWIN 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 Lancaster  
 Township of Liberty Creek  
 Inc. Town of .....  
 City of ..... (No. .... St.; ..... Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child George C. Gullidge (If child is not yet named, make supplemental report as directed)

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

File No. for this Register **35137**

Registration District No. 2804 Registered No. 173  
 (For use of Local Registers)

(3) BOY OR GIRL <u>13</u>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Sex of Child <u>Male</u>
---------------------------	---	------------------------------	---------------------------------

**FATHER**

(8) FULL NAME George Gullidge  
 (9) PRESENT POSTOFFICE OF FATHER Lancaster  
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 20 (Year)

(12) BIRTHPLACE Clushtield CO  
 (13) OCCUPATION Engineer

(14) NAME BEFORE MARRIAGE Kate Rayfield  
 (15) PRESENT POSTOFFICE OF MOTHER Lancaster  
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 21

(18) BIRTHPLACE Clushtield CO  
 (19) OCCUPATION House wife

(20) Number of children born to mother, including present birth 1  
 (21) Number of children of this mother now living, including present birth 1

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was ..... on the date above stated. (Born alive or stillborn) (How long in life?)

(23) (Signature) [Signature]  
 (24) State whether Physician or Midwife

(25) Address of Physician or Midwife Lancaster

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

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark) [Signature]  
 (27) Filed 9-20-19 (28) [Signature] 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.

Station of Columbia: Columbia, S. C.