

(1) PLACE OF BIRTH

County of Charleston
 Township of James Island
 or
 City of

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

No. 571

Registration District No. 904 Registered No. 4
 (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 John Laillard If child is not yet named, make appropriate report as directed

(3) SEX Boy (4) AGE 1 yr (5) DATE OF BIRTH Jan 18, 23
 (6) TIME OF BIRTH 1:00 (7) PLACE OF BIRTH Home

FATHER
 (8) NAME Franklin Laillard
 (9) OCCUPATION Farmer
 (10) COLOR Blk (11) AGE AT LAST BIRTHDAY 20
 (12) BIRTHPLACE James Island
 (13) OCCUPATION Farmer
 (14) Number of children born to mother, including present birth 1

MOTHER
 (15) NAME BEFORE MARRIAGE May Scott
 (16) NAME OF MOTHER James Doland S.S.
 (17) COLOR Blk (18) AGE AT LAST BIRTHDAY 18
 (19) BIRTHPLACE Charleston County
 (20) OCCUPATION Housewife
 (21) Number of children of this mother ever 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 alive on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Margaret Gosz
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife James Island

Given name added from a supplementary report
Leor Laillard
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
Wm. A. J. 23 (27) R. F. Grinball

*When there was no attending physician or midwife, then the father, householder, etc., must sign. If a child breathes even once, it must not be reported as stillborn. It must be reported before the fifth month of pregnancy.