

(1) PLACE OF BIRTH  
County of Charleston  
Township of .....

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

File No. — For State Registrar Only

10272

560

Inc. or Town of Charleston Registration District No. 9A Registered No. 560  
(For use of Local Registrar)  
City of Charleston (No. 88 Cannon St. 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 Madeline Gaillard If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>no</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>April 6</u> <u>1922</u> (Name of Month) (Day) (Year)
<b>FATHER.</b>				
(8) FULL NAME <u>Joseph Gaillard</u>				
(9) PRESENT POSTOFFICE OF FATHER <u>Charleston</u>				
(10) COLOR OR RACE <u>C</u>	(11) AGE AT LAST BIRTHDAY <u>39</u> (Years)			
(12) BIRTHPLACE <u>Charleston</u>				
(13) OCCUPATION <u>carver</u>				
(14) NAME BEFORE MARRIAGE <u>Elihu Fraiser</u>				
(15) PRESENT POSTOFFICE OF MOTHER <u>Charleston</u>				
(16) COLOR OR RACE <u>Cal</u>	(17) AGE AT LAST BIRTHDAY <u>38</u> (Years)			
(18) BIRTHPLACE <u>Charleston</u>				
(19) OCCUPATION <u>Domestic</u>				
(21) Number of children of this mother now living, including present birth <u>1</u>				

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

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

(23) (Signature) J. B. Williams  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife 100 E. Main St.

Given name added from a supplemental report  
101  
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
J. Mercer Green M.D.  
(27) Filed 4/15 101 272 (28) J. Mercer Green M.D. 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.