

FORM NO. 1

## (1) PLACE OF BIRTH

County of Barnwell STATE OF SOUTH CAROLINA.  
 Township of Bull Pond Bureau of Vital Statistics  
 Inc. Town of ..... State Board of Health  
 or .....  
 or .....  
 City of ..... (No. .... St. .... Ward ....)

File No.—For State Registrar Only

88460

Registration District No. 505 Registered No. 70  
 (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 Thomas Gill

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 12 1916  
 (Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME Jerry Gill(9) PRESENT POSTOFFICE OF FATHER Alumbar S.C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 32 (Years)(12) BIRTHPLACE Bull Pond(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 2

## MOTHER

(14) NAME BEFORE MARRIAGE Lillian Gill(15) PRESENT POSTOFFICE OF MOTHER Alumbar S.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE Bull Pond(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 10 a M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Cora V. Nelson(24) State whether Physician or Midwife (25) Address of Physician or Midwife Alumbar S.C.

Given name added from a supplemental report

(26) Witness M. D. Mayo (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec 16 1916 (28) J. A. Rouse 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.

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

McCaw &amp; Co., Columbia, S.C.