

WRITE 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, of Columbia

(1) PLACE OF BIRTH
 County of Greenville
 Township of Chocoma
 or Town of _____
 or _____
 City of Greenville
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. _____) (St. _____) (Ward _____)
CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health
 File No.—For State Registrar Only
4332
 Registration District No. 2204 Registered No. 114
 (For use of Local Registrar)

(2) Full Name of Child Anna Gillaird
 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> <small>(To be answered only in case of Twins or Triplets)</small>	(5) Number in order of birth <u>33</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Nov 11 1916</u> <small>(Name of Month (Day) (Year))</small>
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FATHER.		MOTHER.	
(8) FULL NAME <u>W P Gillaird</u>	(14) NAME BEFORE MARRIAGE <u>W L Moore</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Greenville S C #4</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville S C #4</u>
(10) COLOR OR RACE <u>colored</u>	(11) AGE AT LAST BIRTHDAY <u>33</u> <small>(Years)</small>	(16) COLOR OR RACE <u>colored</u>	(17) AGE AT LAST BIRTHDAY <u>26</u> <small>(Years)</small>
(12) BIRTHPLACE <u>Greenville Springs</u>	(18) BIRTHPLACE <u>Traveler's Rest</u>	(13) OCCUPATION <u>farmer</u>	(19) OCCUPATION <u>farmer</u>
(20) Number of children born to mother, including present birth <u>3</u>	(21) Number of children of this mother now living, including present birth <u>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 (22) I hereby certify that I attended the birth of this child, who was mid wife 30 doth on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) mid wife 30 doth
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
June 8 1916
W. C. Miller
Deputy Registrar
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 1-8 1916 (28) W. C. Miller 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.

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