

Form No. 1

(1) PLACE OF BIRTH

County of Charleston
Township of Mad. Isl. 10
or
Inc. Town of.....
or
City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

41435

Registration District No. 915

Registered No. 58-
(For use of Local Registrar)

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

(2) Full Name of Child Edward Gillins

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 8 1923
(Names of Month) (Day) (Year)

FATHER.

(8) FULL NAME Samuel Gillins

(9) PRESENT POSTOFFICE OF FATHER Martin Point, S.C.

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 30
(Years)

(12) BIRTHPLACE Mad.

(13) OCCUPATION Labour

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Julia Gillins

(15) PRESENT POSTOFFICE OF MOTHER Martin Point - S.C.

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 14
(Years)

(18) BIRTHPLACE Mad. Isl.

(19) OCCUPATION House Wife

(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..... at..... M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Hazel Wash.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Martin Point - S.C.

Given name added from a supplemental report

Hazel Wash.

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jan 10 1923 (28) H. F. Gillins
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.

RECAP OF COLUMBIA, COLUMBIA, S. C. FIRST-BORN, NO. 1. THE OTHER, NO. 2, etc., in question 5. SEPARATE BLANK FOR EACH CHILD, and mark the