

MARGIN RESERVED FOR BINDING.

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.

(1) PLACE OF BIRTH County of <u>Charleston</u> Township of <u>James Isd.</u> or Inc. Town of _____ or City of _____ (If birth occurs in a hospital or other institution, give name of same instead of street and number.)		CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only 606
(2) Full Name of Child <u>Malsay Gairland</u>		Registration District No. <u>904</u> Registered No. <u>2</u> (For use of Local Registrar)		
(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? _____	(5) Number in order of birth _____	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 2 22</u> (Name of Month) (Day) (Year)
FATHER. (8) FULL NAME <u>Jacob Gaillard</u> (9) PRESENT POSTOFFICE OF FATHER <u>James Island D.C.</u> (10) COLOR OR RACE <u>Blk</u> (11) AGE AT LAST BIRTHDAY <u>25</u> (Years) (12) BIRTHPLACE <u>Charleston County</u> (13) OCCUPATION <u>Farm Laborer</u>		MOTHER. (14) NAME BEFORE MARRIAGE <u>Jane Mathews</u> (15) PRESENT POSTOFFICE OF MOTHER <u>James Island D.C.</u> (16) COLOR OR RACE <u>Blk</u> (17) AGE AT LAST BIRTHDAY <u>20</u> (Years) (18) BIRTHPLACE <u>James Island D.C.</u> (19) OCCUPATION <u>Housewife</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 <u>alive</u> at _____ M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) (23) (Signature) <u>X Rachel Leatrick</u> (24) State whether Physician or Midwife <u>X Midwife</u> (25) Address of Physician or Midwife <u>James Island</u> Given name added from a supplemental report _____ (26) Witness _____ (Signature of Witness necessary only when question 22 is signed by mark) (27) Filed <u>Jan 15 22</u> (28) <u>R. F. Grimball</u> 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.