

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

(1) PLACE OF BIRTH
 County of Charleston STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 Township of James Island State Board of Health
 or
 Inc. Town of Registration District No. 904 Registered No. 2
 or
 City of (For use of Local Registrar)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only
45644

(2) Full Name of Child Henry Gaillard } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRLS? <u> </u>	(4) Twin or Triplet? <u> </u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u> </u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan. 18</u> 19 <u>16</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.		MOTHER.		
(8) FULL NAME <u>Robert Gaillard</u>	(14) NAME BEFORE MARRIAGE <u>Irma Chris</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>James Island S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>James Island S.C.</u>			
(10) COLOR OR RACE <u>Blk</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)	(16) COLOR OR RACE <u> </u>	(17) AGE AT LAST BIRTHDAY <u> </u> (Years)	
(12) BIRTHPLACE <u>James Island S.C.</u>	(18) BIRTHPLACE <u>James Island S.C.</u>			
(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>House wife</u>			
(20) Number of children born to mother, including present birth <u>1</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 White at M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) X. Emma Richardson
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
Geo. P. Seabrook 1916
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Jan 20 1916 (28) W. F. Grinnall 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.

When there was no attending physician or midwife, then the father, householder, or other person 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.