

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.

DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.

## (1) PLACE OF BIRTH

County of CharlestonTownship of James Isd.

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

41363

Registration District No. 904 Registered No. 96

(For use of Local Registrar)

(2) Full Name of Child Julia Ann Gadsden If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? G

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

Dec 23 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Sam Gadsden

(9) PRESENT POSTOFFICE OF FATHER

Rt 1 Charleston S.C.

(10) COLOR OR RACE

Col

(11) AGE AT LAST BIRTHDAY

50  
(Years)

(12) BIRTHPLACE

James Island S.C.

(13) OCCUPATION

Farm - hand

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

10

## MOTHER.

(14) NAME BEFORE MARRIAGE

Becky Green

(15) PRESENT POSTOFFICE OF MOTHER

Rt 1 Charleston S.C.

(16) COLOR OR RACE

Col

(17) AGE AT LAST BIRTHDAY

46  
(Years)

(18) BIRTHPLACE

James Island

(19) OCCUPATION

cook

(21) Number of children of this mother now living, including present birth

7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at ..... M., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Thomas Watson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Local Registrar

\*When there was no attending physician or midwife, 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.