Form No. 1

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
66537

(1) PLACE OF BIRTH

County of Union.

Township of Mountville.

or

Inc. Town of .....

or

City of ..... Ward)

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

Registration District No. 4207 Registered No. 72 (For use of Local Registrar)

(No. ..... St.: .....)

(2) Full Name of Child Lilly May Gaudlock. If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? Take account only if twin or triplet born in hospital. (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH June 4. 1906 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Joseph Gaudlock.

(9) PRESENT POSTOFFICE OF FATHER Union, S.C.

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 44 years (Years)

(12) BIRTHPLACE Union Co. S.C.

(13) OCCUPATION farming.

(14) Number of children born to mother, including present birth 6

MOTHER.

(14a) NAME BEFORE MARRIAGE Bessie Farr.

(14b) PRESENT POSTOFFICE OF MOTHER Union, S.C.

(14c) COLOR OR RACE Colored (14d) AGE AT LAST BIRTHDAY 37 (Years)

(14e) BIRTHPLACE Union Town.

(14f) OCCUPATION farming

(14g) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 10 A.M. 12 noon (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Nelson Farr.

(24) State whether Physician or Midwife. midwife

(25) Address of Physician or Midwife Nelson Farr.

Given name added from a supplemental report ....., 191.... Registrar

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

(27) Filed June 6. 1906 (28) J. G. Garrett 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 PRINTED, 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, etc.
FIRST-BORN, No. 1. THIS COPIES, No. 2, etc., in question 5.

Law of Columbia