

29# 24531

(1) PLACE OF BIRTH

County of Allendale
 Township of Ball
 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

20771

Registration District No. 4-1-3 Registered No. 42
 (For use of Local Registrar)

City of..... (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Anna Gill

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH July 28, 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Joe Gill
 (9) PRESENT POSTOFFICE OF FATHER Allendale
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 26
 (12) BIRTHPLACE South Carolina
 (13) OCCUPATION farmer
 (20) Number of children born to mother, including present birth Seven

MOTHER.

(14) NAME BEFORE MARRIAGE Anna Jefferson
 (15) PRESENT POSTOFFICE OF MOTHER Allendale SC
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 20
 (18) BIRTHPLACE South Carolina
 (19) OCCUPATION farm laborer
 (21) Number of children of this mother now living, including present birth five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 6 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Amanda Jefferson
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Allendale SC

Given name added from a supplemental report

(26) Witness J. H. Hatcher
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Aug 9, 1922 (28) J. A. Rouse
 Registrar 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.

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.

RECAP OF COLUMBIA, COLUMBIA, S. C.