

WHEN DEATH, WITH UNENDING LARK—THIS IS A PERMANENT RECORD.

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.

McCart, of Columbia.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No. — For State Registrar Only	
County of <u>Charleston</u>		STATE OF SOUTH CAROLINA.		26308	
Township of		Bureau of Vital Statistics		1783	
or Inc. Town of		State Board of Health		(For use of Local Registrar)	
or City of <u>Charleston</u>		Registration District No. <u>118 Smith St</u>		Registered No. <u>1783</u>	
If birth occurs in a hospital or other institution, give name of same instead of street and number.		No. <u>118 Smith St</u>		St. Ward)	
(2) Full Name of Child <u>George Wagoner Gilbert Jr</u>		It child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? —	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug 24 1915</u>	(8) AGE at Month, Day, Year
(9) FULL NAME OF FATHER <u>George Wagoner Gilbert</u>		(10) NAME BEFORE MARRIAGE <u>Ivy Lavertine Doug</u>			
(11) PRESENT POSTOFFICE OF FATHER <u>Charleston, S.C.</u>		(12) PRESENT POSTOFFICE OF MOTHER <u>Charleston, S.C.</u>			
(13) COLOR OR RACE <u>White</u>	(14) AGE AT LAST BIRTHDAY <u>18</u>	(15) COLOR OR RACE <u>White</u>	(16) AGE AT LAST BIRTHDAY <u>18</u>		
(17) BIRTHPLACE <u>Charleston, S.C.</u>		(18) BIRTHPLACE <u>Sullivan's Hill</u>			
(19) OCCUPATION <u>Clerk (Maybook & Co. Tailor)</u>		(20) OCCUPATION <u>At Home - domestic</u>			
(21) Number of children born to mother, including present birth <u>One</u>		(22) Number of children of this mother now living, including present birth <u>One</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(23) I hereby certify that I attended the birth of this child, who was <u>born alive</u> on the date above stated.					
(24) (Signature) <u>H. S. Mestard M.D.</u>					
(25) State whether Physician or Midwife <u>Physician</u>					
(26) Address of Physician or Midwife <u>Charleston, S.C.</u>					
Given name added from a supplemental report		(27) Witness (Signature of Witness necessary only when question 23 is signed by mother)			
191		191 <u>1915</u>			
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.

*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.