

Form No. 1

(1) PLACE OF BIRTH

County of Charleston  
 Township of Wad. Hill  
 or  
 Inc. Town of St.  
 or  
 City of St.

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

Registration District No. 913

No. 811 - For State Register Only

Registered No. 38  
 (For use of Local Registrar)

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

(2) Full Name of Child Marguerite DeLlano

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

(3) SEX OF CHILD Female (4) Type of Birth Normal (5) Number in order of birth 1 (6) Age of mother 26 (7) DATE OF BIRTH Jan 4 1900

FATHER  
 (8) FULL NAME Samuel William  
 (9) PRESENT POSTOFFICE OF FATHER North Point  
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 22  
 (12) BIRTHPLACE Stad. Hill  
 (13) OCCUPATION Labour  
 (14) Number of children born to mother, including present birth 1

MOTHER  
 (14) NAME BEFORE MARRIAGE Evelyn Gibbs  
 (15) PRESENT POSTOFFICE OF MOTHER North Point  
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 20  
 (18) BIRTHPLACE Stad.  
 (19) OCCUPATION House Wife  
 (20) Number of children of this mother now living, including present birth 1

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

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

(22) (Signature)

(23) Sign whether Physician or Midwife

(24) Address of Physician or Midwife

Given name added from a supplemental report

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

(26) Filed Jan 10 1900 (27) St. H. Wilson 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.