

IN CASE OF TWINS OR TRIPLETS, WITH UNFADING INK—THIS IS A PERMANENT RECORD. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McGraw-Hill, Columbia, S. C.

Form No. 3

(1) PLACE OF BIRTH

County of Albion
Township of Baldor
or
Inc. Town of Albion
or
City of Albion
(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
28619

Registration District No. 4602 Registered No. 45
(For use of Local Registrar)
St.: _____ Ward: _____

(2) Full Name of Child Henry Gill

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? _____ (5) Number in order of birth _____ (6) Are Parents Married? Yes (7) DATE OF BIRTH June 7, 1922
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Willie Gill
(9) PRESENT POSTOFFICE OF FATHER Appleton
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 28
(Years)
(12) BIRTHPLACE SC
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 5

MOTHER.
(14) NAME BEFORE MARRIAGE Rosa Sanders
(15) PRESENT POSTOFFICE OF MOTHER Appleton SC
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 28
(Years)
(18) BIRTHPLACE SC
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 5:2 M., on the date above stated. (If live or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dora X. Care
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife mark appleton

Given name added from a supplemental report

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

(27) Filed Sept 27, 1922 (28) J. H. Boyd MD
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.