(1) PLACE OF BIRTH

County of Clarendon

Township of St. Paul

or

Inc. Town of .....

or

City of ..... (No. ..... St.; ..... Ward)

(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

3755

Registration District No. 1311 Registered No. 121

(For use of Local Registrar)

(2) Full Name of Child Vista Gailliard (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? girl

(4) Twin or Triplet? To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Feb. 21 1922 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME E. Listh Gailliard

(9) PRESENT POSTOFFICE OF FATHER St. Paul S.C.

(10) COLOR OR RACE Blk

(11) AGE AT LAST BIRTHDAY 40 (Years)

(12) BIRTHPLACE Clarendon Co. S.C.

(13) OCCUPATION Farmer

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

MOTHER

(14) NAME BEFORE MARRIAGE Sarah Mathis

(15) PRESENT POSTOFFICE OF MOTHER St. Paul S.C.

(16) COLOR OR RACE Blk

(17) AGE AT LAST BIRTHDAY 28 (Years)

(18) BIRTHPLACE Clarendon Co. S.C.

(19) OCCUPATION House Wife

(21) 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 at 6A. M., on the date above stated. (Born alive or stillborn) (Month) (A. M. or P. M.)

(23) (Signature) Bettie Jennings

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife St. Paul S.C.

Given name added from a supplemental report

..... 19 .....

Registrar

(26) Witness Emmie E. Irving

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

(27) Filed Mar 3 1922 (28) J. Henry King 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.

MACHY. Columbia, S. C.

FIRST BORN, M. C. THEIR, No. 2, etc., in question 5.

DO NOT USE THIS SPACE FOR ANY CHILD NOT BORN TO THIS MOTHER

DO NOT USE THIS SPACE FOR ANY CHILD NOT BORN TO THIS MOTHER