

(1) PLACE OF BIRTH

County of FlorenceTownship of Pee DeeInc. Town of HynandCity of Hynand

(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

49102

Registration District No. 2-0-13 Registered No. 2
(For use of Local Registrar)

St.; Ward)

2) Full Name of Child

James Gairy

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

To be answered only in case of Twin or Triplet

(6) Are Parents Married? Yes(7) DATE OF BIRTH Jan 1st 1914
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Fletcher Gairy

(9) PRESENT POSTOFFICE OF FATHER

Hynand SC

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

38
(Years)

(12) BIRTHPLACE

Savannah

(13) OCCUPATION

Farmer

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

5

MOTHER.

(14) NAME BEFORE MARRIAGE

Lure Myers

(15) PRESENT POSTOFFICE OF MOTHER

Keyman

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

34
(Years)

(18) BIRTHPLACE

Friendfield

(19) OCCUPATION

Farmer

(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 Alive at 1:30 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Willie Ann Partick
(24) State whether Physician or Midwife (25) Address of Physician or MidwifeMidwife Hynand SC

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed Jan 1st 1914

(28)

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.

Form No. 10.
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