

**Median of Columns. Column, 0. 6.**

County of Alameda  
Township of Alameda  
or  
Inc. Town of.....  
or  
City of .....

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

File No.—For State Registrar Use  
60

Registration District No. 200 .. Registered No. 1 ..  
(For use of Local Registrar)

City of ..... (No. .... St.; ..... Ward  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child... Abdul M. Gurnee... If child is not yet named, make supplemental report as directed.

(2) SEX OR GENDER <i>girl</i>	(4) Twin or Triplet  To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Was Parent Married?	(7) DATE OF BIRTH <i>Jan 2</i> 19 <i>48</i> (Month) (Day) (Year)
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FATHER.

(9) REAL NAME *Willie Gross*

(10) PRESENT POST OFFICE OF FATHER *Aiken S.C.*

(11) COLOR OR RACE *Colored* (11) AGE AT LAST BIRTHDAY *21* (Years)

(12) BIRTH PLACE *S.C.*

(13) OCCUPATION

(14) Number of children born to mother. Indicate names here

MOTHER.

(14) MACE BEFORE MARRIAGE Willie M. Smith

(15) PRESENT CUSTODIAN OF MOTHER Aiken S. C.

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 45

(18) BIRTHPLACE S. C.

(19) OCCUPATION Farming

(21) Number of children of this mother now living, including present birth

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:**

(22) I hereby certify that I attended the birth of this child, who was alive at 6:25 P.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(26) (Signature) Anne Harris  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(28) Witness .....  
(Signature of Witness necessary only  
when question 28 is signed by mark) *cc*

(27) Filed 1/6/20 (28) H. Sharma  
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.

older, etc., should make the return.  
report is desired of syllabus

*per H.G. Schmitt*