

(1) PLACE OF BIRTH

County of Charleston  
 Township of Summerville  
 or  
 Inc. Town of .....  
 or  
 City of Gaffney S.C.  
 (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

**41463**

Registration District No. .... Registered No. 278  
 (For use of Local Registrar)  
 (No. 201 Palmetto St.; ..... Ward)

(2) Full Name of Child

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

(3) ☒ BOY OR GIRL (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 29, 22  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME Mr. Gilliam Self.  
 (9) PRESENT POSTOFFICE OF FATHER Gaffney S.C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22 (Years)  
 (12) BIRTHPLACE Charleston S.C.  
 (13) OCCUPATION RR Switchman

MOTHER. Wilma  
 (14) NAME BEFORE MARRIAGE Wilma Mabel White  
 (15) PRESENT POSTOFFICE OF MOTHER Gaffney S.C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Years)  
 (18) BIRTHPLACE Charleston S.C.  
 (19) OCCUPATION Home wife

(20) Number of children born to mother, including present birth 1 (21) Number of children of this mother now living, including present birth 1

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

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

(23) (Signature) [Signature] (24) State whether Physician or Midwife (25) Address of Physician or Midwife Gaffney S.C.

Given name added from a supplemental report

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

(27) Filed Jan 10, 1923 (28) A. J. Smith 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.

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