

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5. McCaw, of Columbia.

**(1) PLACE OF BIRTH** **CERTIFICATE OF BIRTH**

County of Charlotte STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 Township of Christ Church State Board of Health  
 Inc. or Town of Parish Registration District No. 901  
 City of \_\_\_\_\_ Registered No. 27  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No. For State Registrar Only  
76071

**(2) Full Name of Child** James Gaillard } If child is not yet named, make supplemental report as directed

|   |   |  |  |  |
|---|---|--|--|--|
| (3) BOY OR GIRL?<br><u>Boy</u>  | (4) Twin or Triplet?<br><u>No</u>                 | (5) Number in order of birth<br><u>1</u> | (6) Are Parents Married?<br><u>Yes</u>   | (7) DATE OF BIRTH<br><u>Sept 22 1916</u><br>(Name of Month) (Day) (Year) |
| <b>FATHER.</b>  |   |  | <b>MOTHER.</b>   |  |
| (8) FULL NAME<br><u>James Gaillard</u>                                      |   |  | (14) NAME BEFORE MARRIAGE<br><u>Colia Gernon</u>                                       |  |
| (9) PRESENT POSTOFFICE OF FATHER<br><u>W Pleasant St</u>                    |   |  | (15) PRESENT POSTOFFICE OF MOTHER<br><u>W Pleasant</u>                                 |  |
| (10) COLOR OR RACE<br><u>negro</u>  | (11) AGE AT LAST BIRTHDAY<br><u>30</u><br>(Years) | (16) COLOR OR RACE<br><u>negro</u>       | (17) AGE AT LAST BIRTHDAY<br><u>28</u><br>(Years)                                      |  |
| (12) BIRTHPLACE<br><u>Christ Church Parish</u>                              |   |  | (18) BIRTHPLACE<br><u>Christ Church Parish</u>   |  |
| (13) OCCUPATION<br><u>Farming</u>   |   |  | (19) OCCUPATION<br><u>Farming</u>  |  |
| (20) Number of children born to mother, including present birth<br><u>5</u> |   |  | (21) Number of children of this mother now living, including present birth<br><u>8</u> |  |

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was alive at 2.00 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Midwife  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife  
W Pleasant St

Given name added from a supplemental report  
 \_\_\_\_\_, 191\_\_\_\_  
 \_\_\_\_\_  
 Registrar

(26) Witness \_\_\_\_\_  
 (Signature of Witness necessary only when question 23 is signed by marks)  
 (27) Filed Sept 26 1916 (28) W Pleasant St  
 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.