

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD, and mark the 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.

(1) PLACE OF BIRTH

County of Richland

Township of

OR

Inc. Town of

OR

City of Columbia, 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

36155

Registration District No. 1830 Marian

Registered No. 1780
(For use of Local Registrar)

(2) Full Name of Child

Larry Thasley Gillespie

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

No

(5) Number in order of birth

1

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Sept 26 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Larry Thasley Gillespie

(9) PRESENT POSTOFFICE OF FATHER City

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 29
(Year)

(12) BIRTHPLACE S.C.

(13) OCCUPATION merchant

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Abella McHadden

(15) PRESENT POSTOFFICE OF MOTHER City

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 27
(Year)

(18) BIRTHPLACE S.C.

(19) OCCUPATION house wife

(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 born alive at 6.9. M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) D. S. Matthews, M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of witness necessary when question arises by name)

(27) Filed 10-15 19 22

(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.

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