

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

76101

(1) PLACE OF BIRTH
 County of Charleston
 Township of James Isld
 or
 Inc. Town of Registration District No. 904 Registered No. 80
 or
 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 Bella Gadsden { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? G (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 1st 1916
In be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME William Gadsden
 (9) PRESENT POSTOFFICE OF FATHER 21 Charleston
 (10) COLOR ed (11) AGE AT LAST BIRTHDAY 50?
 OR RACE (Years)
 (12) BIRTHPLACE James Island
 (13) OCCUPATION Turner
 (20) Number of children born to mother, including present birth {

MOTHER.
 (14) NAME BEFORE MARRIAGE Grace Gadsden
 (15) PRESENT POSTOFFICE OF MOTHER 21 Charleston
 (16) COLOR ed (17) AGE AT LAST BIRTHDAY
 OR RACE (Years)
 (18) BIRTHPLACE James Island
 (19) OCCUPATION Housewife
 (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 born alive at M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Arden Robinson
 (24) State whether Physician or Midwife { (25) Address of Physician or Midwife
Midwife 21 Charleston

Given name added from a supplemental report
 191.....

 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 9/8 1916. (28) Geo R Seabrook
 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.

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.