

(1) PLACE OF BIRTH

County of

Charleston

Township of

James Island

Inc. Town of

or

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

76101

Registration District No. *904*Registered No. *80*

(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

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

to be answered only in event of Twins or Triplets

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Sept 1st 1906

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

William Gadsden

(9) PRESENT POSTOFFICE OF FATHER

21 Charleston

(10) COLOR OR RACE

ed

(11) AGE AT LAST BIRTHDAY

50?

(Years)

(12) BIRTHPLACE

James Island

(13) OCCUPATION

Turner

MOTHER.

(14) NAME BEFORE MARRIAGE

Grace Gadsden

(15) PRESENT POSTOFFICE OF MOTHER

21 Charleston

(16) COLOR OR RACE

ed

(17) AGE AT LAST BIRTHDAY

50?

(Years)

(18) BIRTHPLACE

James Island

(19) OCCUPATION

Housewife

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

{ }

(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.