

(1) PLACE OF BIRTH

County of Marion S. C.Township of Marion S. C.Inc. Town of Marion S. C.City of Marion 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

90855

Registration District No. 374 Registered No. 121

(For use of Local Registrar)

(2) Full Name of Child. Gra. May. Gimmis If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents married? <u>no</u>	(7) DATE OF BIRTH <u>Dec. 16, 1916</u>
				(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Elie Gimmis(9) PRESENT POSTOFFICE OF FATHER Marion S. C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 17 (Years)(12) BIRTHPLACE Savary County(13) OCCUPATION Iron Work(20) Number of children born to mother, including present birth one child

MOTHER.

(14) NAME BEFORE MARRIAGE Catherine Douglas(15) PRESENT POSTOFFICE OF MOTHER Marion S. C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 18 (Years)(18) BIRTHPLACE Marion S. C.(19) OCCUPATION House work(21) Number of children of this mother now living, including present birth one child

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 6:00 clock, A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) midwife Mrs Mary Samuels

(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 only when question 23 is signed by mark)

(27) Filed 12/20, 1916

(28)

C. H. R. R. R.

Local Registrar

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.