

(1) PLACE OF BIRTH

County of CharlestonTownship of Wadmalawor
Inc. Town ofor
City of

(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
76153Registration District No. 9/2 Registered No. 44

(For use of Local Registrar)

(2) Full Name of Child Osca Gadsden { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? ✓

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes(7) DATE OF BIRTH Sept. 5
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Willie Gadsden(9) PRESENT POSTOFFICE OF FATHER Martine Post A.C.(10) COLOR OR RACE negro(11) AGE AT LAST BIRTHDAY 41
(Years)(12) BIRTHPLACE Wadmalaw, S.C.(13) OCCUPATION Farm Laborer(20) Number of children born to mother, including present birth { 10

MOTHER.

(14) NAME BEFORE MARRIAGE Ella Gibbs(15) PRESENT POSTOFFICE OF MOTHER Martine Post A.C.(16) COLOR OR RACE negro(17) AGE AT LAST BIRTHDAY 81
(Years)(18) BIRTHPLACE Wadmalaw, S.C.(19) OCCUPATION Farm Laborer(21) Number of children of this mother now living, including present birth { 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Willie Gadsden

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

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 Sept 10 1916

(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.

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 make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.