

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 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, Columbia, S. C.

(1) PLACE OF BIRTH

County of Union
 or
 Township of Heross Twp
 or
 Inc. Town of Slc
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
79568

Registration District No. 4200 Registered No. 42
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Leyzie Gilliam If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? (5) Number in order of birth 8 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 3, 19 16
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Dimmie Gilliam
 (9) PRESENT POSTOFFICE OF FATHER Heross Twp Slc
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 36 (Years)
 (12) BIRTHPLACE Union Slc
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Norman
 (15) PRESENT POSTOFFICE OF MOTHER Heross Twp Slc
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 33 (Years)
 (18) BIRTHPLACE Union Slc
 (19) OCCUPATION Farmer wife

(20) Number of children born to mother, including present birth 8

(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 40 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Tilda Humphries

(24) State whether Physician or Midwife midwife

(25) Address of Physician or Midwife Heross Twp Slc

Given name added from a supplemental report

(26) Witness Clair Mosely

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 19

(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.