FORM NO. 5. 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.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
9079

(1) PLACE OF BIRTH
County of Abbeville
Township of Abbeville
or
Inc. Town of ..... Registration District No. 100 Registered No. 23
(For use of Local Reistrar)
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** Miller Dolly Gilbert ? { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl | (4) Twin or Triplet? X | (5) Number in order of birth 2nd | (6) Are Parents Married? Yes | (7) DATE OF BIRTH April 17 1915 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.	MOTHER.
(8) FULL NAME Eugene Gilbert	(14) NAME BEFORE MARRIAGE Lesser Means
(9) PRESENT POSTOFFICE OF FATHER Abbeville R.F.D.	(15) PRESENT POSTOFFICE OF MOTHER Abbeville R.F.D.
(10) COLOR OR RACE Negroe (11) AGE AT LAST BIRTHDAY 21 (Years)	(16) COLOR OR RACE Negroe (17) AGE AT LAST BIRTHDAY 18 (Years)
(12) BIRTHPLACE Abbeville Co	(18) BIRTHPLACE Greenwood Co
(13) OCCUPATION Farmer	(19) OCCUPATION Wise wife
(20) Number of children born to mother, including present birth Two	(21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Trinidad at 9 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Miller Means

(24) State whether Physician or Midwife | (25) Address of Physician or Midwife
Midwife Abbeville R.F.D.

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

(26) Witness [illegible]
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 5/3 1915 (28) [illegible] 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.

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