

3/6/44

M. G.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)

U. S. Dept. of Commerce
Bureau of the Census

1. PLACE OF BIRTH

County of Richland
Township of Columbia S.C.
or
Inc. Town of _____
or
City of _____

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 38-a

22 049365

FILE No.—For State Registrar Only

00584

Registered No. _____

(For use of Local Registrar)

2. FULL NAME OF CHILD

Leolie Blaise Gilmore

If child is not yet named, make supplemental report as directed.

3. Boy or Girl <u>Boy</u>	If Plural births	4. Twins, triplets or other.....	6. Premature.....	7. Are Parents Married? <u>yes</u>	8. Date of birth <u>July 17th</u> , 19 <u>22</u> (Month, day, year)
9. Full name <u>Josh Gilmore</u>		FATHER		MOTHER	
10. Residence (mailing address) (If non-resident, give place and State) <u>Zone 39 Columbia S.C.</u>		18. Name before marriage		19. Residence (mailing address) (If non-resident, give place and State) <u>Zone 39 Columbia S.C.</u>	
11. Color or race <u>Caucas</u>		12. Age at child's birth <u>27</u> (years)		20. Color or race <u>Caucas</u>	
13. Birthplace (city or place) (State or country) <u>Red Hill, S.C.</u>		21. Age at child's birth <u>26</u> (years)		22. Birthplace (city or place) (State or country) <u>Columbia, S.C.</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Truck Driver</u>		23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>Housekeeper</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own Home</u>	
15. Industry or business in which work done, as silk mill, sawmill, bank, etc. _____		25. Date (month and year) last engaged in this work <u>3-9</u> , 19 <u>44</u>		26. Total time (years) spent in this work <u>10 years</u>	
16. Date (month and year) last engaged in this work <u>3-9</u> , 19 <u>44</u>		17. Total time (years) spent in this work <u>3 years</u>			
27. Number of children of this mother (At time of birth and including this child (a) Born alive and now living <u>8</u> (b) Born alive but now dead <u>3</u> (c) Stillborn _____)					
28. If stillborn, period of gestation _____ (months) _____ (weeks)		29. Cause of stillbirth _____		Before labor _____ During labor _____	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at Lyfeland m. on the date above stated.

{ When there was no attending physician
or midwife, then the father, householder
etc., should make this return.

Given name added from
a supplementary report _____

(Date of)

Registrar.

(Signed) Josh Gilmore X, Parent
or _____, Guardian

Address _____

Filed March 11, 1944 L. A. Riser, M.D.
Registrar.