

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

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics
State Board of HealthRegistration District No. 38-a

22 049365

FILE No.—For State Registrar Only

00584

Registered No.

(For use of Local Registrar)

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 Lochie Blaise Gilmore { If child is not yet named, make supplemental report as directed.

3. Boy or Girl Boy If Plural Births 4. Twins, triplets or other 5. Number, in order of birth
 6. Premature 7. Are Parents Married? yes 8. Date of birth July 17th 1922
 (Month, day, year)

9. Full name Josh Gilmore FATHER18. Name before marriage Mary Groans MOTHER10. Residence (mailing address) zone 39 Columbia S.C.
(If non-resident, give place and State)19. Residence (mailing address) zone 39 Columbia S.C.
(If non-resident, give place and State)11. Color or race Caucas 12. Age at child's birth 27 (years)20. Color or race Caucas 21. Age at child's birth 26 (years)13. Birthplace (city or place) Red Hill, S.C.
(State or country)22. Birthplace (city or place) Castler, S.C.
(State or country)14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck Driver23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housekeeper

15. Industry or business in which work done, as silk mill, sawmill, bank, etc.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home16. Date (month and year) last engaged in this work 3-9 194417. Total time (years) spent in this work 3 years25. Date (month and year) last engaged in this work 3-9 194426. Total time (years) spent in this work 10 years27. Number of children of this mother (At time of birth and including this child (a) Born alive and now living 8 (b) Born alive but now dead 3 (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)

(Signed) Josh Gilmore X, Parent
or, Guardian

Address

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

Registrar.