

PLACE OF BIRTH

County of Chesterfield

City of Cheraw

or Township of Cheraw

or No. of

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

File No.—For State Registrar Only
27706

Registration District No. 12 A Registered No. 17
(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.)

Full Name of Child Weston Leroy Gilmore if child is not yet named, make supplemental report as directed

Is child of (1) Boy (2) Girl (3) Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 6 1923
(Name of Month) (Day) (Year)

FATHER. FULL NAME James Mack Gilmore

PRESENT POSTOFFICE OF FATHER Cheraw S.C.

COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE S.C.

OCCUPATION Cotton Mill Operator

Number of children born to mother, including present birth 7

MOTHER. (14) NAME BEFORE MARRIAGE Florence Robins

(15) PRESENT POSTOFFICE OF MOTHER Cheraw S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Cotton Mill Operator

(20) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 4 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. G. A. F. H.
(24) State whether Physician or Midwife (25) Address Cheraw S.C.

See same filed from a supplemental report
..... 1923
.....
Registrar

(26) Witness Mattie Mack
(Signature of Witness necessary only when question 23 is signed by male)

(27) Filed Sept 15 1923 (28) Mattie Mack Local Registrar

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