

PLACE OF BIRTH

County of *Charleston*

City of *Charleston*

or Town of *Charleston*

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

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. *12A* Registered No. *157*
 (For use of Local Registrar)

Full Name of Child *Clifton Leroy Gilmore* (No. *1* St. *1* Ward *1*)
 If child is not yet named, make supplemental report as directed

Is child of (1) *Boy* (2) *Girl* (3) *Twins or Triplet?* (4) *Yes* (5) *No* (6) *Are Parents Married?* (7) *Yes* (8) *No* (9) *DATE OF BIRTH* *Sept. 6, 1923*
 (Name of Month) (Day) (Year)

FATHER
 Name *James Mack Gilmore*

PRESENT POSTOFFICE OF FATHER *Charleston S.C.*

COLOR OR RACE *White* (10) AGE AT LAST BIRTHDAY *28* (Years)

BIRTHPLACE *S.C.*

OCCUPATION *Yellow Mill Operator*

Number of children born to mother, including present birth *7*

MOTHER
 (11) NAME BEFORE MARRIAGE *Flourner Robins*

(12) PRESENT POSTOFFICE OF MOTHER *Charleston S.C.*

(13) COLOR OR RACE *White* (14) AGE AT LAST BIRTHDAY *36* (Years)

(15) BIRTHPLACE *S.C.*

(16) OCCUPATION *Cotton Mill Operator*

(17) 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 *born alive* at *4 P.* on the date above stated. (Hour A. M. or P. M.)

(18) (Signature) *W. G. G. G.* (19) State whether Physician or Midwife *Midwife* (20) Address *Charleston S.C.*

See same filed from a supplemental report

(21) Witness *Matthie D. R. R.* (Signature of Witness necessary only when question 23 is signed by mother)

(22) Filed *Sept 15, 1923* (23) *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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