

(1) PLACE OF BIRTH

County of *Harry*Township of *Triumph Creek*

or Inc. Town of

City of

(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

18051

Registration District No. *750.9*Registered No. *43*
(For use of Local Registrar)

(2) Full Name of Child

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

(3) SEX OF CHILD <i>Boy</i>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>Feb 19 1923</i> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <i>Murchison Leruo Gilmore</i>			(14) NAME BEFORE MARRIAGE <i>Annabel Dugger</i>	
(9) PRESENT POSTOFFICE OF FATHER <i>Loris SC R 4</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Loris SC R 4</i>	
(10) COLOR OR RACE <i>White</i>	(11) AGE AT LAST BIRTHDAY <i>37</i> (Years)	(16) COLOR OR RACE <i>White</i>	(17) AGE AT LAST BIRTHDAY <i>23</i> (Years)	
(12) BIRTHPLACE <i>Harry Co SC</i>			(18) BIRTHPLACE <i>Harry Co SC</i>	
(13) OCCUPATION <i>Farming</i>			(19) OCCUPATION <i>Housewife</i>	
(20) Number of children born to mother, including present birth <i>1 One</i>			(21) Number of children of this mother now living, including present birth <i>One</i>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *alive* at *8:30 am.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Dugger Richardson*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*Physician**Loris SC*

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed *Feb 24 1923*

(28)

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.

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.