

Form No. 1

(1) PLACE OF BIRTH

County of YorkTownship of Cherry

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

Registration District No. 4405 Registered No. 711

(For use of Local Registrar)

(2) Full Name of Child Sam Gilmore If child is not yet named, make supplemental report as directed

3) BOY OR GIRL <u>Boy</u>	4) <u>Full</u> <u>at Birth</u> To be answered only in case of Twins or Triplets	5) Number in order of birth	6) Age <u>ye</u> Parents <u>Married</u>	7) DATE OF BIRTH <u>Sept. 11, 1923</u> (Name of Month) (Day) (Year)
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FATHER.

8) FULL NAME William Gilmore9) PRESENT POSTOFFICE OF FATHER Rock Hill10) COLOR OR RACE Colored 11) AGE AT LAST BIRTHDAY 28
(Year)12) BIRTHPLACE Blue Ridge Mtn. ?13) OCCUPATION Public work20) Number of children born to mother, including present birth 6

MOTHER.

14) NAME BEFORE MARRIAGE Marie Sings15) PRESENT POSTOFFICE OF MOTHER Rock Hill16) COLOR OR RACE Colored 17) AGE AT LAST BIRTHDAY 26
(Year)18) BIRTHPLACE Strawberry Hill Farm19) OCCUPATION Public work21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 2 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mollie Parlar, midwife

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

(Given name added from a supplemental report)

(26) Witness Mrs. G. M. Harley
(Signature of witness necessary only when question 22 is signed by mark)(27) Filed 9/21/23 (28) J. R. Miller
Registrar 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.