

(1) PLACE OF BIRTH

County of *Horry*Township of *Simpson Creek*

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only

43313

Registration District No. *2509*Enumeration No. *163*

(For use of Local Registrar)

(No.)

(No.)

(No.)

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

2) Full Name of Child *Eleanor, Ifig, Gore*

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

3) SEX OF CHILD

Girl

4) TWIN OR TRIPLET?

No

5) NUMBER IN ORDER OF BIRTH

4

6) ARE PARENTS MARRIED?

Yes

7) DATE OF BIRTH

*Dec. 13**1913*

(Name of Month) (Day) (Year)

FATHER.

1) FULL NAME

George William Gore

2) PRESENT OCCUPATION OF FATHER

Longs S. C.

3) COLOR OF SKIN

White

4) AGE AT LAST BIRTHDAY

41

5) BIRTHPLACE

Horry Co S. C.

6) OCCUPATION

Farming

7) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT BIRTH

4

8) NAME BEFORE MARRIAGE

Lizzie Bell Hardin

9) PRESENT OCCUPATION OF MOTHER

Longs S. C.

10) COLOR OF SKIN

White

11) AGE AT LAST BIRTHDAY

33

12) BIRTHPLACE

Horry Co S. C.

13) OCCUPATION

House wife

14) NUMBER OF CHILDREN OF MOTHER, INCLUDING PRESENT BIRTH

4

CERTIFICATE OF ATTENDING PHYSICIAN

I hereby certify that I attended the birth of this child, who was born on the date above stated.

2) State whether Physician or Midwife, Address of Physician or Midwife

Midwife Lousie D. D. D. S. C.

3) SIGNATURE OF PHYSICIAN OR MIDWIFE

G. W. Gore

4) DATE OF BIRTH

Dec 13 1913

5) SIGNATURE OF PHYSICIAN OR MIDWIFE

A. Bryant

REGISTERED

RECEIVED FROM THE STATE OF SOUTH CAROLINA, BUREAU OF VITAL STATISTICS, FOR THE YEAR 1913, THE FOLLOWING CERTIFICATE OF BIRTH, FILED FOR RECORD IN THE OFFICE OF THE STATE ARCHIVES, AT COLUMBIA, SOUTH CAROLINA, ON JANUARY 1, 1914, AT 10:00 A.M.

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