

Form No. 1

## (1) PLACE OF BIRTH

County of York CountyTownship of Fort Millor  
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

87931

Registration District No. 4406 Registered No. 96

(For use of Local Registrar)

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

March 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Raddie Gilmore

(9) PRESENT POSTOFFICE OF FATHER

Fort Mill S.C.

(10) COLOR OR RACE

Caucas.

(11) AGE AT LAST BIRTHDAY

27  
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE

Calista A. White

(15) PRESENT POSTOFFICE OF MOTHER

Fort Mill S.C.

(16) COLOR OR RACE

Caucas.

(17) AGE AT LAST BIRTHDAY

20  
(Years)

(18) BIRTHPLACE

at Fort Mill

(19) OCCUPATION

Domestic

(20) Number of children born to mother, including present birth

1 only one

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

1 only one

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was ..... at 10 Belcher St. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Rose J. Pratt

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

MidwifeFort Mill S.C.

Given name added from a supplemental report

191...

Registrar

(26) Witness

Amner White, Sula, Stuck

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

(27) Filed

1916

(28)

A. L. Parks

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.

MARGIN RESERVED FOR NOTES

WRITE PLAINLY, WITH INK, AND IN CAPITAL LETTERS. Do not use ink for initials or signatures.

P. S.—In case of twins, etc., the mother must be examined by a physician or midwife, and mark on

Form No. 1, this OTHER, No. 2, etc., in question 5.

City of Columbia