

Form No. 1

(1) PLACE OF BIRTH

County of York County  
Township of Fort Mill  
or  
Inc. Town of  
or  
City of

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  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Raddie Gilmore  
(9) PRESENT POSTOFFICE OF FATHER Fort Mill S.C.  
(10) COLOR OR RACE Cooled (11) AGE AT LAST BIRTHDAY 27 (Years)  
(12) BIRTHPLACE S.C.  
(13) OCCUPATION Farmer

MOTHER.  
(14) NAME BEFORE MARRIAGE Malissa White  
(15) PRESENT POSTOFFICE OF MOTHER Fort Mill S.C.  
(16) COLOR OR RACE (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 only one (21) Number of children of this mother now living, including present birth only one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was midwife 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  
Midwife Fort Mill S.C.

Given name added from a supplemental report  
..... 191.....  
.....  
Registrar

(26) Witness Amner White, Sula, Steak  
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 17/30 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 VITAL STATISTICS  
WRITE PLAINLY WITH INK  
P. 2-12  
CITY OF COLUMBIA