

(1) PLACE OF BIRTH

County of

Orangeburg
Bowman

Township of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

19658

Inc. Town of
orRegistration District No. *3602*Registered No. *20*
(For use of Local Registrar)

City of

(No. St.; Ward)

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

2) Full Name of Child *Zesta Gilmore*

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

(3) BOY OR GIRL? *girl*

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twin or Triplets

(6) Are Parents Married? *yes*

(7) DATE OF BIRTH

June 12, 1962
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Aubrey J. Gilmore

(9) PRESENT POSTOFFICE OF FATHER

Bowman S.C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

22
(Years)

(12) BIRTHPLACE

Orby Co

(13) OCCUPATION

Farmer

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

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Lois Kennedy

(15) PRESENT POSTOFFICE OF MOTHER

Bowman S.C.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

20
(Years)

(18) BIRTHPLACE

Orby Co

(19) OCCUPATION

Domestic

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *Born Alive* (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) *Dr. H. H. Patrick*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*Physician**Bowman S.C.*

Given name added from a supplemental report

....., 191....

.....
Registrar

(26) Witness

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

(27) Filed

June 25, 1962

(28)

H. H. Patrick
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.

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