

Form No. 1

(1) PLACE OF BIRTH

County of Lee
 Township of Cypress
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

No. for State Registrar Only
29085

Registration District No. 3001 Registered No. 19
 (For use of Local Registrar)

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

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

(3) SEX OF CHILD Boy (4) Twin or Triplet (5) Number in order of birth 2 (6) Are Parents Married Yes (7) DATE OF BIRTH July 11, 1923
 (To be answered only in case of Twin or Triplet) (Date of birth) (Day) (Year)

FATHER.

(8) FULL NAME Isaac Gilmore

(9) PRESENT POSTOFFICE OF FATHER Lamar

(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 30
 (Year)

(12) BIRTHPLACE Darlington

(13) OCCUPATION Lawn Laborer

MOTHER.

(14) NAME BEFORE MARRIAGE Julia Caesar

(15) PRESENT POSTOFFICE OF MOTHER Lamar

(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 26
 (Year)

(18) BIRTHPLACE Lee

(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 3 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child who was born at 109 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Isabella Caesar (24) State whether Physician or Midwife (25) Address of Physician or Midwife

(Given name added from a supplemental report)

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

(27) Filed 7/14 19 23 (28) W. H. Caesar 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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in column 1.