

## (1) PLACE OF BIRTH

County of UnionTownship of Jonesville

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

8747

Registration District No. 4204 Registered No. 177  
(For use of Local Registrar)(2) Full Name of Child Marion Julian Gilmer If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Girl</u>	(4) Sex <u>Female</u>	(5) Number in order of birth <u>1</u>	(6) Age <u>28</u>	(7) DATE OF BIRTH <u>Feb 10 1923</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>John Gilmer</u>			(10) NAME BEFORE MARRIAGE <u>Clara Palmer</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Jonesville</u>			(11) PRESENT POSTOFFICE OF MOTHER <u>Jonesville</u>	
(12) COLOR OR RACE <u>W</u>	(13) AGE AT LAST BIRTHDAY <u>48</u> (Year)	(14) COLOR OR RACE <u>W</u>	(15) AGE AT LAST BIRTHDAY <u>41</u> (Year)	
(16) BIRTHPLACE <u>Char. S.</u>		(17) BIRTHPLACE <u>U. S.</u>		
(18) OCCUPATION <u>Householder</u>		(19) OCCUPATION <u>D -</u>		
(20) Number of children born to mother, including present birth <u>1/2</u>		(21) Number of children of this mother now living, including present birth <u>1/1</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) John H. Hester

(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 ..... (28) 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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