

# CERTIFICATE OF BIRTH

County of Spartanburg.....

STATE OF SOUTH CAROLINA.

Township of Seachuck

Bureau of Vital Statistics

or

## State Board of Health

Inc. Town of .....

Registration District No. 4066

Registered No. 24  
(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. Virgil Roscoe Gillespie

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

(3) BOY OR GIRL?

(4) Twin

(5) Number in  
order of birth

(6) Are Parents Married? *Yes*

(7) DATE OF Feb, 13, 1966  
BIRTH \_\_\_\_\_  
(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME Mitchell Gillespie

(9) PRESENT POSTOFFICE OF FATHER *Greer S.C.*

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23 (Years)

(12) BIRTHPLACE  
Beverly N C

(13) OCCUPATION *Mill Work*

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

# MOTHER.

(14) NAME BEFORE MARRIAGE *Jessie Coleman*

(15) PRESENT POSTOFFICE OF MOTHER *Green St.*

(16) COLOR OR HAIR White (17) AGE AT LAST BIRTHDAY 25  
(Years)

(18) BIRTHPLACE Greenwell, G.S.

(19) OCCUPATION *House Worker*

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

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was white at 12 Noon on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *[Handwritten Signature]*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

..... 181....

..... Registrat

(26) Witness .....  
(Signature of Witness necessary only  
when question 28 is signed by mark)

(27) Filed Mar 11 1961 (28) Joe Massie 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.

Registrar

Locmi Registrar.

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