

Form No. 1

(1) PLACE OF BIRTH

County of Richland

Township of GARDEN

or
Inc. Town of Gardden S.C.

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

70244

Registration District No. 3803 Registered No. 214
(For use of Local Registrar)

(2) Full Name of Child Corrae 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 _____ (6) Are Parents Married? Yes (7) DATE OF BIRTH Jun, 27, 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Ernest Gilmore

MOTHER.
(14) NAME BEFORE MARRIAGE Sallie Green

(9) PRESENT POSTOFFICE OF FATHER Gardden S.C.

(15) PRESENT POSTOFFICE OF MOTHER Gardden S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 37 (Years)

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 29 (Years)

(12) BIRTHPLACE Gardden S.C.

(18) BIRTHPLACE Gardden S.C.

(13) OCCUPATION Farmer

(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth { 6

(21) Number of children of this mother new living, including present birth { 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 8-0 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sutton K. Rose

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

MIDWIFE | **GARDEN**

Given name added from a supplemental report

(26) Witness R. G. Smith
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 8/1, 1916 (28) F. O. Smith 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.

MAINTAIN SEPARATE RECORD FOR BIRTHS IN THIS STATE. THIS IS THE SEPARATE RECORD. IN ALL CASES OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5. McChav. of Columbia.