CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
48533

(1) PLACE OF BIRTH
County of Chester
Township of Chester
or
Inc. Town of .....
or
City of Country (No. ..... St.; ..... Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 1102 Registered No. 11 (For use of Local Registrar)

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

(3) BOY OR GIRL? Girl
(4) Twin ~~or Triplet~~? twin 1 yr
To be answered only in event of Twins or Triplets
(5) Number in order of birth 2
(6) Are Parents Married? 3 yrs
(7) DATE OF BIRTH Feb 18 1914 (Name of Month) (Day) (Year)

FATHER	MOTHER
(8) FULL NAME John J Gilmore	(14) NAME BEFORE MARRIAGE Irene Lewis
(9) PRESENT POSTOFFICE OF FATHER Rte 5 Box 22	(15) PRESENT POSTOFFICE OF MOTHER Rte 5 Box 22
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 23 (Years)	(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 23 (Years)
(12) BIRTHPLACE J J Stringfellow	(18) BIRTHPLACE J J Stringfellow Place
(13) OCCUPATION Farming	(19) OCCUPATION Farming
(20) Number of children born to mother, including present birth 5	(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 40 clock A M (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Midwife Mary Ellen Pratt
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife Chester S C Rte 5

Given name added from a supplemental report
....., 191....
..... Registrar

(26) Witness Jesse Hunter
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Feb 27 1916 (28) Jesse Hunter 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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MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case 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.
(Law of Columbia.