

Form No. 1

## (1) PLACE OF BIRTH

County of YorkTownship of Edinburg

or

Inc. Town of .....

or

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

20526

Registration District No. 4 404Registered No. 49

(For use of Local Registrar)

(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 Debbie 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 June 5 22  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Hilli Gilmore

(9) PRESENT POSTOFFICE OF FATHER

Rock Hill SC(10) COLOR OR RACE Negro(11) AGE AT LAST BIRTHDAY 32  
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farm Laborer

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

3

## MOTHER.

(14) NAME BEFORE MARRIAGE

Harmoh McCollough

(15) PRESENT POSTOFFICE OF MOTHER

Rock Hill(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY 30  
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Servant on farm

(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 ..... at ..... M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(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 6/20 22 (28) Gilmore 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.

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.