

(1) PLACE OF BIRTH

County of HighlandTownship of Lower

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

30008

Registration District No. 39.4.3Registered No. 7.30

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Samuel Gilmore

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

(3) SEX OF CHILD Boy (4) Twin or Triplet To be answered only in case of Twins or Triplets (5) Age of Child 2 1/2 (6) DATE OF BIRTH Sept 8 1923 (Name of Month) (Day) (Year)

(8) FULL NAME		(14) NAME BEFORE MARRIAGE <u>Mary Gilmore</u>	
(9) PRESENT POSTOFFICE OF FATHER		(15) PRESENT POSTOFFICE OF MOTHER <u>Corday</u>	
(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY (Years) <u>21</u>
(12) BIRTHPLACE		(18) BIRTHPLACE <u>S. C.</u>	
(13) OCCUPATION		(19) OCCUPATION <u>Labour</u>	
(20) Number of children born to mother, including present birth <u>3</u>		(21) Number of children of this mother now living, including present birth <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child who was alive on the date above stated. (Born alive or Stillborn) (Hour A. M. or P. M.)(23) (Signature) Rebecca Gilmore

(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) J. P. GARICK 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.