

(1) PLACE OF BIRTH

County of *Charleston*Township of *Charleston*or  
Inc. Town ofor  
City of

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

Registration District No. *1102* Registered No. *12*

(For use of Local Registrar)

City of

(2) Full Name of Child

*Martha Gilmore*

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

Is he assumed only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

*John J. Gilmore*

(9) PRESENT POSTOFFICE OF FATHER

*Route 5 Box 12*

(10) COLOR OR RACE

*Cauc*

(11) AGE AT LAST BIRTHDAY

(Years)

*23*

(12) BIRTHPLACE

*J. J. Duffell Place*

(13) OCCUPATION

*Farmer*

MOTHER.

(14) NAME BEFORE MARRIAGE

*Jessie Lewis*

(15) PRESENT POSTOFFICE OF MOTHER

*Route 5 Box 22*

(16) COLOR OR RACE

*Cauc*

(17) AGE AT LAST BIRTHDAY

(Years)

*23*

(18) BIRTHPLACE

*J. J. Duffell Place*

(19) OCCUPATION

*Farmer*

(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 *born* at *4-20 a* M., on the date above stated. (Born alive stillborn) (Hour & M. or P. M.)

(23) (Signature)

*More Ellen Pratten*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*Midwife*

Given name added from a supplemental report

, 191...

Registrar

(26) Witness

*Jessie Lewis*

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

*1916*

(28)

*Jessie Lewis*

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.

\*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.

THIS IS A PERMANENT RECORD. 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.

McClary of Columbia