

(1) PLACE OF BIRTH

County of AbbevilleTownship of Abbevilleor
Inc. Town of

City of

(No. St.; Ward)
(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

31537

Registration District No. 385Registered No. 138
(For use of Local Registrar)(2) Full Name of Child John C. Gilbert (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>9-22-22</u> (Name of Month) (Day) (Year)
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FATHER
(8) FULL NAME John Gilbert(9) PRESENT POSTOFFICE OF FATHER Seneca(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 23
(Years)(12) BIRTHPLACE Abbeville(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 1MOTHER
(14) NAME BEFORE MARRIAGE Karol Chidder(15) PRESENT POSTOFFICE OF MOTHER Seneca(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 23
(Years)(18) BIRTHPLACE Abbeville(19) OCCUPATION Farmer(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) B. S. Sharp(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Seneca

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 22 is signed by mark)(27) Filed 10/1/22 19 22 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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