

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.
 Bureau of Columbia, S. C.

(1) PLACE OF BIRTH
 County of Hampton
 Township of Peeples
 OF
 Inc. Town of
 OF
 City of Varnville
 (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
34843

Registration District No. 14-D-7 Registered No. 157
 (For use of Local Registrar)

(No. St. Ward)

(2) Full Name of Child Dorothy Margaret Gibson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet 1 (5) Number in order of birth 3 (6) Are Parents Married yes (7) DATE OF BIRTH 9-11-22
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Reese Gibson
 (9) PRESENT POSTOFFICE OF FATHER Early Branch
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 30
 (Year) (12) BIRTHPLACE S. C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Cecil Horton
 (15) PRESENT POSTOFFICE OF MOTHER Early Branch
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 22
 (Year) (18) BIRTHPLACE S. C.
 (19) OCCUPATION House wife
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive on 10:24 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) D. N. Campbell
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Varnville, S. C.

Given name added from a supplemental report
See Affidavit
6/26/44 L.A.R.
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
Oct 9, 22 W. Rogers
 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 5th month of pregnancy.