

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.

(1) PLACE OF BIRTH

County of Lexington
Township of Congaree
or
Inc. Town of
or
City of Murphy (No. St.; Ward)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

39260

Registration District No. 3102 Registered No. 127
(For use of Local Registrar)

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

(3) BOY OR GIRL boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 10 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Muriel S. Gibson
(9) PRESENT POSTOFFICE OF FATHER New Brooklands
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31 (Years)
(12) BIRTHPLACE Fairfield S.C.
(13) OCCUPATION Murchin

MOTHER.

(14) NAME BEFORE MARRIAGE Bird Paul
(15) PRESENT POSTOFFICE OF MOTHER New Brooklands
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years)
(18) BIRTHPLACE Baden S.C.
(19) OCCUPATION House Wife

(20) Number of children born to mother, including present birth 2 (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 Alive at 1 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Frances Winger
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife New Brooklands

Given name added from a supplemental report

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

(27) Filed 11/28/22 (28) J. P. Lybrand Local Registrar

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