

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
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 3.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Fairfield</u>		STATE OF SOUTH CAROLINA		34271	
Township of		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of <u>Wilmington</u>		Registration District No. <u>14</u>		Registered No. <u>55</u>	
or				(For use of Local Registrar)	
City of		(No. St.; Ward)			
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>John Gibson</u>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>—</u>	(5) Number in order of birth <u>one</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Oct 12 1922</u>	
To be answered only in case of Twins or Triplets					
FATHER.			MOTHER.		
(8) FULL NAME <u>Robert Gibson</u>			(14) NAME BEFORE MARRIAGE <u>Maggie Able</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Wilmington S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Wilmington S.C.</u>		
(10) COLOR OR RACE <u>Black</u>		(11) AGE AT LAST BIRTHDAY <u>21</u>	(16) COLOR OR RACE <u>Black</u>		(17) AGE AT LAST BIRTHDAY <u>19</u>
(12) BIRTHPLACE <u>Fairfield County</u>		(18) BIRTHPLACE <u>Fairfield County</u>			
(13) OCCUPATION <u>Laborer</u>		(19) OCCUPATION <u>Laborer</u>			
(20) Number of children born to mother, including present birth <u>One</u>		(21) Number of children of this mother now living, including present birth <u>One</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> , at <u>8:30 P.M.</u> , on the date above stated. (Born alive or stillborn) (Hour, Day or P.M.)					
(23) (Signature) <u>J. E. Douglas</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Physician or Midwife <u>Wilmington S.C.</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
19			(27) Filed <u>Oct 18 1922</u> (28) <u>R. M. Hayner</u> Local Registrar.		
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.					