

WRITE 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 5.

Saw, of Columbia

(1) PLACE OF BIRTH
County of Bladen
Township of Manning
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
45871

Registration District No. 1307 Registered No. 6
(For use of Local Registrar)
SL; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or triplet? <u>single</u>	(5) Number in order of birth	(6) Are Parent Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan 29 1916</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Robert Gibson</u>			(14) NAME BEFORE MARRIAGE <u>Emmett Hatfield</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Manning SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Manning SC</u>	
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>36</u> (Years)	(16) COLOR OR RACE <u>White</u> (17) AGE AT LAST BIRTHDAY <u>32</u> (Years)		
(12) BIRTHPLACE <u>Dorchester SC</u>			(18) BIRTHPLACE <u>Manning South Carolina</u>	
(13) OCCUPATION <u>Farmman</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Jane Hatfield

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Manning SC

Given name added from a supplemental report

January 1916
scripator
Registrar

(26) Witness James W. Todd
(Signature of Witness necessary only when question 23 is signed by parent)

(27) Filed Feb 7 1916

(28) J. L. Todd
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.