(1) PLACE OF BIRTH Saxonville

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
356

County of Beaufort
Township of St. Helena
or
Inc. Town of .....
or
City of .....

Registration District No. 609 Registered No. 4
(For use of Local Registrar)

(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 Walter R. Gibbs (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? boy
(4) Twin or Triplet? —
To be answered only in event of Twins or Triplets
(5) Number in order of birth one
(6) Are Parents Married? yes
(7) DATE OF BIRTH Jan 3 1922 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME	Robert J Gibbs Jr	(14) NAME BEFORE MARRIAGE	Everleana Ferguson
(9) PRESENT POSTOFFICE OF FATHER	Frogmore SC	(15) PRESENT POSTOFFICE OF MOTHER	Frogmore SC
(10) COLOR OR RACE	Colord	(16) COLOR OR RACE	Colord
(11) AGE AT LAST BIRTHDAY (Years)	22	(17) AGE AT LAST BIRTHDAY (Years)	21
(12) BIRTHPLACE	Saxonvillage	(18) BIRTHPLACE	Hilton Head
(13) OCCUPATION	Farmer	(19) OCCUPATION	Farmer
(20) Number of children born to mother, including present birth	1 one	(21) Number of children of this mother now living, including present birth	1 one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 P.M. (Hour A.M. or P.M.) on the date above stated.

(23) (Signature) Sarah Gibbs
(24) State whether ~~Physician~~ or Midwife
(25) Address of Physician or Midwife

Given name added from a supplemental report
.....
..... 19 ....
Registrar

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

(27) Filed Jan 5 1922 (28) J B Thomas
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.

MARGIN RESERVED FOR BINDING.
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 6.
McCAW OF COLUMBIA, COLUMBIA, S. C.