

## (1) PLACE OF BIRTH

County of LancasterTownship of Philmont Hillor  
Inc. Town of .....or  
City of .....

(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

18200

Registration District No. 28A.6 Registered No. 578

(For use of Local Registrar)

## 2) Full Name of Child .....

If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>-</u> to be marked only in case of twins or triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 27 1923</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>Thos. Gibson</u>			(14) NAME BEFORE MARRIAGE <u>Lena Gibson</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Kershaw S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Kershaw S.C.</u>	
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>	
(11) AGE AT LAST BIRTHDAY <u>36</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>32</u> (Years)	
(12) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>S.C.</u>	
(13) OCCUPATION <u>Blacksmith</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>4</u>			(21) Number of children of this mother now living, including present birth <u>3</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive, on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) R. J. Hammond(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Kershaw S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Date July 10, 1923 (28) R. J. Hammond  
Registrar 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.

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