

(1) PLACE OF BIRTH

County of Edgewood
 Township of Johnston
 Inc. Town of Johnston
 City of Johnston

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

40100

Registration District No. 1814Registered No. 69
(For use of Local Registrar)

City of Johnston (No. 1814 St. 1 Ward 1)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

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

(3) SEX OF CHILD Male (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH 12 3 28
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Ed. Gibson
 (9) PRESENT POSTOFFICE OF FATHER Johnston
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 27
 (Year) 1901
 (12) BIRTHPLACE South Carolina
 (13) OCCUPATION Hammering
 (14) Number of children born to mother, including present birth 1

MOTHER.

(15) NAME BEFORE MARRIAGE Marcella Franklin
 (16) PRESENT POSTOFFICE OF MOTHER Johnston
 (17) COLOR OR RACE Black (18) AGE AT LAST BIRTHDAY 24
 (Year) 1904
 (19) BIRTHPLACE Monetta S.C.
 (20) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive 10 28 P. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. J. H. Williams
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Johnston S.C.

Given name added from a supplemental report

(26) Witness L. J. Maxwell
 (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Dec 9 19 23 (28) L. J. Maxwell
 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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