CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
73867

(1) PLACE OF BIRTH
County of Marion
Township of .....
or
Inc. Town of Sellers, S.C. Registration District No. 3204 Registered No. 40
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. Alberta Gibbs. { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Girl	To be answered only in event of Twins or Triplets		Yes	Aug. 8, 191[illegible]

FATHER.

(8) FULL NAME Lonnie Gibbs
(9) PRESENT POSTOFFICE OF FATHER Sellers, S.C.
(10) COLOR OR RACE black. (11) AGE AT LAST BIRTHDAY 28 (Years)
(12) BIRTHPLACE Marion County
(13) OCCUPATION works at saw mill
(20) Number of children born to mother, including present birth { .....

MOTHER.

(14) NAME BEFORE MARRIAGE Eva Evans
(15) PRESENT POSTOFFICE OF MOTHER Sellers, S.C.
(16) COLOR OR RACE black (17) AGE AT LAST BIRTHDAY 24 (Years)
(18) BIRTHPLACE Marion County
(19) OCCUPATION Keeps house
(21) Number of children of this mother now living, including present birth { 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Eliza Simpson

(24) State whether Physician or Midwife	(25) Address of Physician or Midwife
Midwife	Eliza Simpson

Given name added from a supplemental report
....., 191....
.....
Registrar

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

(27) Filed Aug 12 1916. (28) J. M. Blackburn
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 5.
McCaw, of Columbia.