

## (1) PLACE OF BIRTH

County of Fairfield

Township of .....

or  
Inc. Town of .....

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

30106

Registration District No. 14 Registered No. 42  
(For use of Local Registrar)(2) Full Name of Child Joe Gilbert (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Sept 23, 1922  
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Clorence G. Gilbert</u>	(14) NAME BEFORE MARRIAGE <u>Fizzie Kennedy</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Winnaboro S.C. R70</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Winnaboro S.C. R70</u>
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>31</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>28</u> (Years)
(12) BIRTHPLACE <u>Fairfield County</u>	(18) BIRTHPLACE <u>Fairfield County</u>	(13) OCCUPATION <u>Harmer</u>	(19) OCCUPATION <u>Domestic</u>
(20) Number of children born to mother, including present birth <u>one</u>	(21) Number of children of this mother now living, including present birth <u>one</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 5:30 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
(23) (Signature) Chas. M. Canty  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Winnaboro S.C.

Given name added from a supplemental report

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

(27) Filed Oct 6, 1922 (28) D. M. Haynes 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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FIRST-BORN, No. 1. THIS OTHER, No. 2, etc., in question 5.  
MEDIAN OF COLUMBIA, COLUMBIA, S. C.