

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

County of

Township of

Inc. Town of

City of

(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 Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Feb 22, 1923
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Refus Gipsen (14) NAME BEFORE MARRIAGE Sarah Gipsen
 (9) PRESENT POSTOFFICE OF FATHER Summerton S.C. (15) PRESENT POSTOFFICE OF MOTHER Summerton S.C.
 (10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 28 (16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 25
 (12) BIRTHPLACE Clarendon Co (18) BIRTHPLACE Clarendon Co
 (13) OCCUPATION Farmer (19) OCCUPATION Home & Field
 (20) Number of children born to mother, including present birth 10 (21) Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Living at 11 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sarah Gipsen (24) State Physician, Physician or Midwife (25) Address of Physician or Midwife Midwife Hemmings

Given name added from a supplemental report

(26) Witness Mar 20, 1923 (Signature of Witness necessary only when question 23 is signed by father)

(27) Filed Mar 20, 1923 (28) 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.