

## (1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

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 Alm Albert Gibson

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Dec 6 22  
(Name of Month) (Day) (Year)

(8) FULL NAME

Joe Gibson

(9) PRESENT POSTOFFICE OF FATHER

Pacolet S.C.#1.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

37  
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

1 6

MOTHER.

(14) NAME BEFORE MARRIAGE

Offie James

(15) PRESENT POSTOFFICE OF MOTHER

same

(16) COLOR OR RACE

same

(17) AGE AT LAST BIRTHDAY

32  
(Years)

(18) BIRTHPLACE

same

(19) OCCUPATION

Domestic

(21) Number of children of this mother now living, including present birth

1 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Aline at 10 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Carrie Jefferson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midnight Gaffney S.C.#5

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Dec 18 22

(28) M.B.

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.

Registrar

(29) Filed

(30) M.B.

Local Registrar.

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