

(1) PLACE OF BIRTH  
County of Charleston S.C.  
Township of .....

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

File No. — For State Registrar Only  
**41340**

Inc. Town of ..... Registration District No. 9 A Registered No. 2004  
City of Charleston S.C. No. 12345 (For use of Local Registrar)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Eugene Gibson Minson Jr. If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>X</u> <small>To be answered only in case of twins or triplets</small>	(5) Number in order of birth <u>X</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec 20 1927</u> <small>(Name of Month) (Day) (Year)</small>
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**FATHER.**

(8) FULL NAME Eugene Gibson Minson  
(9) PRESENT POSTOFFICE OF FATHER 12 Lamboll Charleston S.C.  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Years)  
(12) BIRTHPLACE Centenary S.C.  
(13) OCCUPATION Lawyer.  
(14) Number of children born to mother, including present birth One

**MOTHER.**

(14) NAME BEFORE MARRIAGE Agnes Katherine Gibbs  
(15) PRESENT POSTOFFICE OF MOTHER 12 Lamboll S.C. Charleston S.C.  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)  
(18) BIRTHPLACE Decatur Ga.  
(19) OCCUPATION Wife.  
(21) Number of children of this mother now living, including present birth One

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was Alive at 4:00 M., on the date above stated. (born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. H. Green  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife 277 Calhoun

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

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark) Green  
(27) Filed 1/5 1928 (28) J. M. Green 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.