

(1) PLACE OF BIRTH

County of ClarendonTownship of St. Jamesor
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

45875

Registration District No. Registered No.

(For use of Local Registrar)

(2) Full Name of Child Mary Belle Gibson } If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? girl (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Jan. 18, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Sadie Gibson(9) PRESENT POSTOFFICE OF FATHER Summerton S.C.(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 25 (Years)(12) BIRTHPLACE Clarendon Co S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth one

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Belle Williams(15) PRESENT POSTOFFICE OF MOTHER Summerton S.C.(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE Clarendon Co S.C.(19) OCCUPATION Housekeeper(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 7:45 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Sadie Gibson

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

midwife Summerton S.C.

Given name added from a supplemental report

See Affidavit 4-27-44L. A. Riser, M.D. Registrar

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

(27) Filed Jan 18, 1916 (28) W. B. Williams, Jr. Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make the report, and 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 N. No. 1. THE OTHER, No. 2, etc., in question 5.
Caw, of Columbia.