

(1) PLACE OF BIRTH

County of Wayne
 Township of Brightville
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. — For State Registrar Only

18464

Registration District No. 502 Registered No. 27
 (For use of Local Registrar)

City of (No. St. Ward) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Alease Quise (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 29 1920
 To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Roman Quise
 (9) PRESENT POSTOFFICE OF FATHER Gibson NC
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 40
 (12) BIRTHPLACE NC
 (13) OCCUPATION Farmer
 (14) Number of children born to mother, including present birth 12

MOTHER.

(15) NAME BEFORE MARRIAGE Calma Gibson
 (16) PRESENT POSTOFFICE OF MOTHER Gibson NC
 (17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 41
 (19) BIRTHPLACE NC
 (20) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Robert Gibson M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Gibson NC

Given name added from a supplemental report

(26) Witness

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

(27) Filed 6 26 1920

(28)

Prop. Smith

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.