

(1) PLACE OF BIRTH

County of *Charleston*Township of *Jamesville*

Inc. Town of

City of

CERTIFICATE OF BIRTH

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

No. for State Registrar Only

22820

Registration District No. *4204* Registered No. *217*
(For use of Local Registrar)

(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 *Edith Betsy Tibble*

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

(3) SEX OR GUILD	(4) Type or Order of Birth	(5) Number in order of birth	(6) Are Parents Married	(7) DATE OF BIRTH
	<i>Line</i>	<i>1</i>	<i>SS</i>	<i>July 27, 1923</i>
	To be covered only in event of Twins or Triplets			

FATHER		MOTHER	
(8) FULL NAME	<i>Robert K. Tibble</i>	(10) NAME BEFORE MARRIAGE	<i>Edith M. Hight</i>
(9) PRESENT POSTOFFICE OF FATHER	<i>J -</i>	(11) PRESENT POSTOFFICE OF MOTHER	<i>J -</i>
(12) COLOR OR RACE	<i>W</i>	(13) COLOR OR RACE	<i>W</i>
(14) BIRTHPLACE	<i>Newbury E</i>	(15) BIRTHPLACE	<i>Bellton, SC</i>
(16) OCCUPATION	<i>R R agent</i>	(17) OCCUPATION	<i>D -</i>
(18) Number of children born to mother, including present birth	<i>3</i>	(19) Number of children of mother now living, including present birth	<i>3</i>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was M.,
on the date above stated. (Signature of child) (Hour A. M. or P. M.)(21) (Signature)
(22) State whether Physician or Midwife (23) Address of Physician or Midwife

Given name added from a supplemental report	(24) Witness	(25) Filed
	(Signature of Witness necessary only when question 23 is signed by mark)	<i>Mrs. Isaac L. Marshall</i> 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.

(26) Filed *Aug 8, 1923* (27) *W. Y. Gallman*
Local Registrar

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