

Form No. 1

## (1) PLACE OF BIRTH

County of SaludaTownship of No. 1or  
Inc. Town ofor  
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

66095

Registration District No. 390-BRegistered No. 97

(For use of Local Registrar)

(2) Full Name of Child Kellie Gibson

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

(3) BOY OR GIRL? girl

(4) Twin or Triplet?

(5) Number in order of birth 8(6) Are Parents Married? Yes(7) DATE OF BIRTH June 8

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Ben Gibson(9) PRESENT POSTOFFICE OF FATHER Leesville S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 23

(Years)

(12) BIRTHPLACE Saluda Co.(13) OCCUPATION Fanner(20) Number of children born to mother, including present birth 8

## MOTHER.

(14) NAME BEFORE MARRIAGE Georgia Anderson(15) PRESENT POSTOFFICE OF MOTHER Leesville S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 27

(Years)

(18) BIRTHPLACE Farmfield Co.(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 5 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) John H. Edwards

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

MidwifeLeesville S.C.

Given name added from a supplemental report

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

(27) Filed June 10 1926 (28) Ben T. Edwards 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.

WRITE IN INK, 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, No. 1. THE OTHER, No. 2, etc., in question 5.

Civ. of Columbia

MAY 1926