

Form No. 1

(1) PLACE OF BIRTH

County of KershawTownship of Buffaloor
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

19088

Registration District No. 700 Registered No. 78
(For use of Local Registrar)(2) Full Name of Child Hamie May 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 June 11, 1908
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME David Gibson(9) PRESENT POSTOFFICE OF FATHER Hamie May Gibson(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 40
(Years)(12) BIRTHPLACE Hamie May Gibson(13) OCCUPATION Hamie May Gibson(20) Number of children born to mother, including present birth 18

MOTHER.

(14) NAME BEFORE MARRIAGE Metta Jones(15) PRESENT POSTOFFICE OF MOTHER Kershaw S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34
(Years)(18) BIRTHPLACE Hamie May Gibson(19) OCCUPATION Hamie May Gibson(21) Number of children of this mother now living, including present birth 18

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 10:15 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. J. M. Gibson
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness Hamie May Gibson
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 1908 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.

M. M. M. USE 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.

MEDICAL OF COLUMBIA, COLUMBIA, S. C.