

PLACE OF BIRTH

County of HighlandTownship of HighlandCity of Highland

(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

27195

Registration District No. 3302 Registered No. 451  
(For use of Local Registrar)

(No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

Full Name of Child Walter Gibson { If child is not yet named, make supplemental report as directedBOY OR GIRL? Boy (4) Twin or Triplet? \_\_\_\_\_ (5) Number in order of birth \_\_\_\_\_  
To be answered only in event of Twins or Triplets(6) Are Parents Married? Yes(7) DATE OF BIRTH 5.16.22  
(Name of Month) (Day) (Year)

## FATHER.

FULL NAME Tom WaltersPRESENT POSTOFFICE OF FATHER Gibson NCCOLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (Years)BIRTHPLACE SCOCCUPATION FarmerNumber of children born to mother, including present birth { 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Lillie Gibson(15) PRESENT POSTOFFICE OF MOTHER Gibson NC(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Years)(18) BIRTHPLACE SC(19) OCCUPATION Tom Gibson(21) Number of children of this mother now living, including present birth { 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Joseph M. D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Gibson NC

Name added from a supplemental report

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

(27) Filed 9.11.22 (28) W. D. Stebbins Local Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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