

WRITE PLAINLY, 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
FIRSTBORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Keeshland
Township of
OR
Inc. Town of
OR
City of Columbia
(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

31907

Registration District No. 382

Registered No. 1695
(For use of Local Registrar)

(2) Full Name of Child

Robert Gibbs Child

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

(3) BOY OR GIRL

boy

(4) Twin or Triplet?
To be answered only in event of Twins or Triplets

(5) Number in order of birth

1st

(6) Are Parents Married?

yes

(7) DATE OF

BIRTH September 11, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Robert Gibbs Child

(9) PRESENT POSTOFFICE OF FATHER

Columbia, SC

(10) COLOR OR RACE

W.

(11) AGE AT LAST BIRTHDAY

25
(Years)

(12) BIRTHPLACE

Columbia, SC

(13) OCCUPATION

Reverend

MOTHER.

(14) NAME BEFORE MARRIAGE

Frances Sams Summors

(15) PRESENT POSTOFFICE OF MOTHER

Columbia, SC

(16) COLOR OR RACE

W.

(17) AGE AT LAST BIRTHDAY

26
(Years)

(18) BIRTHPLACE

Charleston, S.C.

(19) OCCUPATION

at work

(20) Number of children born to mother, including present birth

1

(21) Number of children of this mother now living, including present birth

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 11:00 A.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Columbia, SC

Given name added from a supplemental report

(26) Witness

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

Local Registrar

Filed 9/20 1922

(28) 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.