

(1) PLACE OF BIRTH

County of Bladen  
 Township of Douglas  
 or  
 Inc. Town of .....  
 or  
 City of .....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

No. for State Registrar Only  
**3477**

Registration District No. 1303 Vol. 5 Registered No. 10  
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Miss Eugene Gibson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet ..... (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 10 1923  
 (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Joe Henry Gibson  
 (9) PRESENT POSTOFFICE OF FATHER Durbinville, S.C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30  
 (Year) .....  
 (12) BIRTHPLACE Durbinville, S.C.  
 (13) OCCUPATION Farmer  
 (14) Number of children born to mother, including present birth Four

**MOTHER.**  
 (15) NAME BEFORE MARRIAGE Roxie Mary Morris  
 (16) PRESENT POSTOFFICE OF MOTHER Durbinville, S.C.  
 (17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 26  
 (Year) .....  
 (19) BIRTHPLACE Durbinville, S.C.  
 (20) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth Five

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was Laura Alice at 1 a. M., on the date above stated. (Specify live or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lettie H. Hefner  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Durbinville, S.C.

(Given name added from a supplemental report)

(26) Witness L. H. Hefner (Signature of Witness necessary only when question 22 is signed by mark)  
 (27) Filed Feb 24 1923 (28) L. H. Hefner 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.