

MARGIN RESERVED FOR BINDING.

WHITE 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 FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

MOCK OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Bershaw</u>		STATE OF SOUTH CAROLINA		86201	
Township of <u>D. Oak</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of .....		Registration District NO. <u>2704</u>		Registered No. <u>766</u>	
or				(For use of Local Registrar)	
City of .....		(No. .... St.; .... Ward)			
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>Mie Gibson</u>		If child is not yet named, make supplemental report as directed			
(3) SEX OF CHILD <u>Boy</u>	(4) Twin or Triplet? To be answered only in case of Twins or Triplets	(5) Number in or of birth Twins or Triplets	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Oct 29, 1916</u> (Name of Month) (Day) (Year)	
FATHER			MOTHER		
(8) FULL NAME <u>Rufus Gibson</u>			(14) NAME BEFORE MARRIAGE <u>Luella Dix</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Camden S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Camden S.C.</u>		
(10) COLOR OR RACE <u>Col.</u>	(11) AGE AT LAST BIRTHDAY <u>22</u> (Years)	(16) COLOR OR RACE <u>Col.</u>	(17) AGE AT LAST BIRTHDAY <u>19</u> (Years)		
(12) BIRTHPLACE <u>Georgia</u>			(18) BIRTHPLACE <u>Kershaw</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>11 P.</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Oliver M. Lead</u>					
(24) State whether Physician or Midwife <u>Midwife</u> (25) Address of Physician or Midwife <u>Camden S.C.</u>					
Given name added from a supplemental report					
(26) Witness <u>W. Gibson</u> (Signature of Witness necessary only when question 23 is signed by mark)					
(27) Filed <u>Nov 14 1916</u> (28) <u>W. Gibson</u> Registrar 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.