

## (1) PLACE OF BIRTH

County of SaludaTownship of #7.3

In Town of .....

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

No. - For this registration

5140

Registration District No. 394.6 Registered No. 6  
(For use of Local Registrar)(2) Full Name of Child Albert Gibson If child is not yet named, make supplemental report as directed(3) SEX OR CHILD Male (4) Twin or Triple Twins (5) Number in order of birth 1 (6) Age no (7) DATE OF BIRTH Feb 23

## FATHER.

(8) FULL NAME

(9) PRESENT RESIDENCE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(12) BIRTHPLACE

(13) OCCUPATION

## MOTHER.

(14) NAME BEFORE MARRIAGE Hattie Lee Gibson(15) PRESENT RESIDENCE OF MOTHER Silver Street, S.C.(16) COLOR OR RACE black(17) AGE AT LAST BIRTHDAY 20(18) BIRTHPLACE S.C.

(19) OCCUPATION

(20) Number of children born to mother, including present birth 1 (21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:10 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lizzie Culman(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Silver Street, S.C.

Given name added from a supplemental report

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

(27) Filed Feb 23 1923 (28) J. O. Culman

19 Registrar

When there was no attending physician or midwife, then the father, householder, or other person, if a child breathes even once, it must not be reported as stillborn. No report is required before the fifth month of pregnancy.