

IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MAKE THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8.

(1) PLACE OF BIRTH

County of Charleston, S.C.
 Township of Charleston, S.C.
 OR
 Inc. Town of Charleston, S.C.
 OR
 City of Charleston, S.C.

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

No. 27463 — For State Registrar Only

Registration District No. 9 A Registered No.
 (For use of Local Registrar)
 (No. 82 Morris St St.; Ward)

(2) Full Name of Child Justin Henry Gibbs If child is not yet named, make supplemental report as directed

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|--|---|---|---|---|
| (3) SEX OF CHILD <u>BOY</u> | (4) Twin or Triplet To be answered only in case of Twin or Triplet | (5) Number in order of birth | (6) Are Parents Married? <u>yes</u> | (7) DATE OF BIRTH <u>Sept 7</u> 19 <u>23</u> (Name of Month) (Day) (Year) |
| FATHER. | | MOTHER. | | |
| (8) FULL NAME <u>Frank Gibbs</u> | | (14) NAME BEFORE MARRIAGE <u>Rachel Milton</u> | | |
| (9) PRESENT POSTOFFICE OF FATHER <u>Charleston, S.C.</u> | | (15) PRESENT POSTOFFICE OF MOTHER <u>Charleston, S.C.</u> | | |
| (10) COLOR OR RACE <u>colored</u> | (11) AGE AT LAST BIRTHDAY <u>40</u> (Years) | (16) COLOR OR RACE <u>colored</u> | (17) AGE AT LAST BIRTHDAY <u>28</u> (Years) | |
| (12) BIRTHPLACE <u>Adams Run, S.C.</u> | | (18) BIRTHPLACE <u>White Point, S.C.</u> | | |
| (13) OCCUPATION <u>Laborer</u> | | (19) OCCUPATION <u>House work</u> | | |
| (20) Number of children born to mother, including present birth <u>1</u> | | (21) Number of children of this mother now living, including present birth <u>1</u> | | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 3:30 AM, on the date above stated. (Born alive or stillborn) (Hour M. or P. M.)
 (23) (Signature) Willie Dolley H. Thompson
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mother)
 (27) Filed 9/11 1923 Merens Green H.D. 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.