CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only: 35831

Registration District No. 2505 Registered No. 139
(For use of Local Registrar)

(1) PLACE OF BIRTH
County of Oconee
Township of Tugaloo
or
Inc. Town of .....
or
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 Harold David Gibson — 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: 2
(6) Are Parents Married? Yes
(7) DATE OF BIRTH: Sep. (Name of Month) 11 (Day) 19 22 (Year)

FATHER.

(8) FULL NAME: George M. Gibson
(9) PRESENT POSTOFFICE OF FATHER: Westminster
(10) COLOR OR RACE: White
(11) AGE AT LAST BIRTHDAY: 26 (Years)
(12) BIRTHPLACE: S.C.
(13) OCCUPATION: Farmer
(20) Number of children born to mother, including present birth: 2

MOTHER.

(14) NAME BEFORE MARRIAGE: Nannie Bibb
(15) PRESENT POSTOFFICE OF MOTHER: Westminster
(16) COLOR OR RACE: White
(17) AGE AT LAST BIRTHDAY: 21 (Years)
(18) BIRTHPLACE: S.C.
(19) OCCUPATION: House Wife
(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 Alive (Born alive or stillborn) at 8:30 A.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Mrs. A. Strickland
(24) State whether Physician or Midwife: Physician
(25) Address of Physician or Midwife: Westminster

Given name added from a supplemental report ..... 19 .... Registrar

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

(27) Filed Nov. 8 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.

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WRITE PLAINLY, WITH UNFADING INK. DO NOT ABBREVIATE. LEAVE BLANK FOR PARTS CHECKED. IN CASE OF TWINS OR TRIPLETS USE A SUPPLEMENTAL REPORT. SEE QUESTION 5. KEEP STEADY. NO. 2. PRICE 10 CENTS. NO. 1. PRICE 10 CENTS. SECRETARY OF COLUMBIA, S. C.