

PLACE OF BIRTH

County of Hartsville  
 or  
 Town of Compobelle  
 or  
 City of .....

CERTIFICATE OF BIRTH

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

No. for State Registrar Only

22551

Registration District No. 40.C

Registered No. 107  
 (For use of Local Registrar)

(No. .... St.; .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child

If child is not yet named, make supplemental report as directed

BOY OR GIRL girl (1) Twin or Triplet?  (2) Number in order of birth 1 (3) Are Parents Married? yes (4) DATE OF BIRTH July 14 1923  
To be answered only in event of Twin or Triplet  
(Month) (Day) (Year)

FATHER  
 FULL NAME Wright  
 PRESENT POSTOFFICE OF FATHER Sumner S.C.  
 COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 41  
 BIRTHPLACE S.C.  
 OCCUPATION Farming  
 Number of children born to mother, including present birth 7

MOTHER  
 (14) NAME BEFORE MARRIAGE Minnie Bonhoo  
 (15) PRESENT POSTOFFICE OF MOTHER Sumner S.C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 37  
 BIRTHPLACE S.C.  
 OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 4 a. M.,  
 on the date above stated. Sumner S.C. (Hour) M. or P. M.)  
Living or stillborn

(22) (Signature) Geo. R. Gibson M.D.  
 (24) State whether Physician or Midwife Physician (25) Address of Phys. or Midwife Sumner S.C.

Given name added from a supplemental report  
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed) [Signature]  
 (27) Filed Aug 1 1923 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.