

Form No. 1

(1) PLACE OF BIRTH

County of Marlboro
 Township of Red Bluff
 or
 Inc. Town of M. C. Cade
 or
 City of M.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

43773

Registration District No. 3305 Registered No. 160
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution give name of same instead of street and number.)

(2) Full Name of Child Alfred Gibson

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

(3) SEX OR CHILD Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 20 22
 (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Frank Gibson(14) NAME BEFORE MARRIAGE Emma Esther Stanton(9) PRESENT POSTOFFICE OF FATHER M. C. Cade(15) PRESENT POSTOFFICE OF MOTHER M. C. Cade(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29 (Years)(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years)(12) BIRTHPLACE Hope Mill M. C.(18) BIRTHPLACE Marlboro C. S. C.(13) OCCUPATION Auto Driver(19) OCCUPATION Domestic(20) Number of children born to mother, including present birth 3(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 8:45 AM, on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Douglas Hanner

(24) State where 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 mark)

(27) Filed Dec 30 22 (28) H. H. Weatherly Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FORM EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.