

Form No. 1

(1) PLACE OF BIRTH

County of MAISON SC
 Township of W. J. R. R.
 OF
 Inc. Town of Sellers SC
 OF
 City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

4560

Registration District No. 5204 Registered No. 1
 (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.)

(2) Full Name of Child Kathleen Gibbs

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

(3) BOY OR GIRL girl (4) Twin or Triplet? To be answered only in event of Twin or Triplet (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Feb 28 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William H. Gibbs
 (9) PRESENT POSTOFFICE OF FATHER Sellers SC
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 29 (Years)
 (12) BIRTHPLACE Litton County SC
 (13) OCCUPATION Fireman

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Jessie Chandler
 (15) PRESENT POSTOFFICE OF MOTHER Sellers SC
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 21 (Years)
 (18) BIRTHPLACE Williamburg County SC
 (19) OCCUPATION housewife

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 4 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Jessie Gibbs
 (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 mark)

(27) Filed Mar 6 1923 (28) Jessie H. Gibbs 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.

MAISON RESERVE FOR BENDING.
 WITH PLAIN, WITH SPACING—THIS IS A PERMANENT MARK.
 IN MAKE ONE OF THREE OR TRIPLETS—THIS IS A PERMANENT MARK.
 PRINT—MARK, No. 1, THE OTHER, No. 2, etc., in question 4.
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