Form No. 1

# CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
19158

(11) PLACE OF BIRTH
County of Spartanburg
Township of Cherokee
or
Inc. Town of .....
or
City of .....

Registration District No. 4002 Registered No. 66
(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.)

(1) Full Name of Child C. J. Gibbs
If child is not yet named, make supplemental report as directed

(2) SEX OF CHILD: Boy
(4) Twin or Triplet? ✓
(5) Number in order of birth: 2
To be answered only in event of Twin or Triplet
(6) Are Parents Married? Yes.
(7) DATE OF BIRTH: June 2-23, 19..
(Name of Month) (Day) (Year)

| FATHER | MOTHER |
|---|---|
| (8) FULL NAME: Chas. D. Gibbs | (14) NAME BEFORE MARRIAGE: Sallie Jackson |
| (9) PRESENT POSTOFFICE OF FATHER: Cherokee S. C. | (15) PRESENT POSTOFFICE OF MOTHER: Cherokee S. C. |
| (10) COLOR OR RACE: White (11) AGE AT LAST BIRTHDAY: 3.. (Years) | (16) COLOR OR RACE: White. (17) AGE AT LAST BIRTHDAY: 33. (Years) |
| (12) BIRTHPLACE: N.C. | (18) BIRTHPLACE: N.C. |
| (13) OCCUPATION: Farming | (19) OCCUPATION: House wife |
| (20) Number of children born to mother, including present birth: 2 | (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 3 x 5 P.M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) Mrs. Leonidas Garrett
(24) State whether Physician or Midwife: Midwife
(25) Address of Physician or Midwife: Cherokee S. C.

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

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

(27) Filed 6/30 1923 (28) J. B. Blackwell
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.