

Form No. 1

## (1) PLACE OF BIRTH

County of Clarendon  
 Township of St. James  
 or  
 Inc. Town of .....

City of .....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

Registration District No. 1809

File No.—For State Registrar Only

29713

Registered No. 50  
 (For use of Local Registrar)

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

3) BOY OR GIRL Boy 4) Twin or Triplet? No 5) Number in order of birth 1 6) Are Parents Married? Yes 7) DATE OF BIRTH Sept 11, 22  
 (Name) (Month) (Day) (Year)

## FATHER.

8) FULL NAME Henry Gibson9) PRESENT POSTOFFICE OF FATHER Davis St. S.C.10) COLOR OR RACE Col 11) AGE AT LAST BIRTHDAY 31  
 (Years)12) BIRTHPLACE Clarendon S.C.13) OCCUPATION Farming20) Number of children born to mother, including present birth 3

## MOTHER.

14) NAME BEFORE MARRIAGE Rodine Libain15) PRESENT POSTOFFICE OF MOTHER Davis St. S.C.16) COLOR OR RACE Col 17) AGE AT LAST BIRTHDAY 28  
 (Years)18) BIRTHPLACE Clarendon S.C.19) OCCUPATION Home Friend21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 69 M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Liddie Lawson(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Davis St. S.C.

Given name added from a supplemental report

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

(27) FULL Sept 30, 22 (28) H. E. Robinson 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.