

(1) PLACE OF BIRTH

County of

Township of

or  
In Town ofor  
City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

30173

Registration District No.

Registered No.

(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

Edith Gilbert

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

BOY OR GIRL?

Girl

(4) Twin or triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

## FATHER.

FULL NAME

Ed Gilbert

PRESENT POSTOFFICE OF FATHER

Campobello S.C. #2

COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

26 (Years)

BIRTHPLACE

S.C.

OCCUPATION

Farmer

Number of children born to mother, including present birth

2

## MOTHER.

(14) NAME BEFORE MARRIAGE

Ellis Pike

(15) PRESENT POSTOFFICE OF MOTHER

Campobello S.C. #2

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

23 (Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

(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 at (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician Campobello S.C.

When name added from a supplemental report

191

Registrar

(26) Witness

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

(27) Filed

9/28 1922

(28)

C. S. Murphy

Local Registrar

When there was an attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes on once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

Time month of pregnancy.