

Form No. 1

## CERTIFICATE OF BIRTH

File No. — For State Registrar Only

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

35832

(1) PLACE OF BIRTH

County of OconeeTownship of Hegaleeor  
Inc. Town of .....

City of .....

Registration District No. 3505 Registered No. 130  
(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 Jessie J. Gibson (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE BIRTH <u>Sept 27</u> 19 <u>22</u> (Name: Month Day Year)
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To be answered only in event of Twins or Triplets

## FATHER.

(8) FULL NAME John Gibson(9) PRESENT POSTOFFICE OF FATHER Alexander(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 44 (Years)(12) BIRTHPLACE NC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Jessie Ranney(15) PRESENT POSTOFFICE OF MOTHER Alexander(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE NC(19) OCCUPATION Home help(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 alive at 1 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Rosa Ranney

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife mause

Given name added from a supplemental report

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

(27) Filed Oct 4 1922 (28) W. Gibson 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.

WRITE PLAINLY, WITH UNFADING INK—WHEN IN A FOREMAN'S BIRTH RECORD, MARK THE  
 IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD AND MARK THE  
 FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 1.

REGISTERED AT COLUMBIA, COLUMBIA, S. C.