

N. II.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

(1) PLACE OF BIRTH

County of Cherokee
Township of Wetzel
or
Inc. Town of.....
or
City of

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

Registration District No. 1084 Registered No. 2
(For use of Local Registrar)

(No. St.; Ward)
(Attention, give both of same instead of street and number.)

(2) Full Name of Child Odell, Jr., Powell If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
Girl	Yes	1	Yes	Jan 27 1922 (Month) (Day) (Year)

FATHER

(8) FULL NAME Wm. Gibson, Ford

(3) PRESENT POSTOFFICE OF FATHER Durham, N.C. #3

(10) COLOR OR *11* (11) AGE AT LAST BIRTHDAY *74*

(12) BIRTHPLACE

(13) OCCUPATION

Chinner -

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

File No.—For State Registrar Only

697

Registered No.
(For use of Local Registrar)

(7) DATE OF BIRTH Jan 27, 22
(Sign of Month) (Day) (Year)

MOTHER

(10) NAME BEFORE MARRIAGE *Lada M. Grigor*

(15) PRESENT POSTOFFICE *24 11*

(16) COLOR 1 (17) AGE AT LAST 78

OR RACE white BIRTHDAY..... (Year).....
(16) BIRTHPLACE San Francisco, California

(19) OCCUPATION *Domestic*

(21) Number of children of this mother 1

now living, including present birth

PHYSICIAN OR MIDWIFE: *Dr. 11 R*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was 7/1/1913 at 711 T. 13th St.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether:

Physician or Midwife (23) Address of Physician or Midwife

11/11/11

Given name added from a supplemental report

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

(27) Filed Jan 31 1929 (28) J. J. Gardner 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.