

(1) PLACE OF BIRTH

County of Albemarle

Township of

Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthNo. 10.—For State Registrar Only
83445Registration District No. 4600Registered No. 121
(For use of Local Registrar)(2) Full Name of Child Emmie Fernis Gibson(3) SEX OF CHILD girl (4) Twin or Triplet To be answered only in event of Twin or Triplet (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Nov 12 1923
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>B. C. Gibson</u>	(14) NAME BEFORE MARRIAGE <u>Emmie E. Fernis</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Albemarle</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Albemarle</u>
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>24</u> (Years)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>19</u> (Years)
(18) BIRTHPLACE <u>Ga.</u>	(18) BIRTHPLACE <u>Ga.</u>	(19) OCCUPATION <u>Domestic</u>	(19) OCCUPATION <u>Domestic</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alma at 6 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Albemarle Ga

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mother)

(27) Filed Nov 15 1923(28) L. H. Boyd 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.

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