

(1) PLACE OF BIRTH

County of MarionTownship of 11or Town of DaytonCity of Shirley

(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 HealthFile No.—For State Registrar Only
30242Registration District No. 4008 Registered No. 2500
(For use of Local Registrar)(2) Full Name of Child James Edward Gibson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

(4) Twin or Triplet?

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH July 16 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME N. H. Gibson(9) PRESENT POSTOFFICE OF FATHER Dayton Mill, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35
(Year)(12) BIRTHPLACE S. C.

(13) OCCUPATION

Cotton mill operator(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Lillie Mary(15) PRESENT POSTOFFICE OF MOTHER Dayton Mill, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36
(Year)(18) BIRTHPLACE S. C.

(19) OCCUPATION

Home(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 1 P.M. on the date above stated. (Hour A. M. or P.M.)(23) (Signature) N. H. Gibson(24) State whether Physician or Midwife Physician

(Given name added from a supplemental report)

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

(27) Filed Sept. 30 1923 (28) Mrs. C. F. Parker 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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