

(1) PLACE OF BIRTH

County of GeorgetownTownship of Calhounor
Inc. Town ofor
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 Health

File No.—For State Registrar Only

4229

Registration District No. 2105 Registered No. 16

(For use of Local Registrar)

(2) Full Name of Child Lyrla Lee Gibson If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH Feb 13 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Charlie Gibson(9) PRESENT POSTOFFICE OF FATHER Hemingway(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 21
(Years)(12) BIRTHPLACE Georgetown Co(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Teeta Lee(15) PRESENT POSTOFFICE OF MOTHER Hemingway(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 21
(Years)(18) BIRTHPLACE Georgetown Co(19) OCCUPATION Day Laborer(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 10 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Charles H. Oakley(24) State whether Physician or Midwife Midwife

Given name added from a supplemental report

(25) Witness W. C. Cull
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Feb 13 1922 (28) J. L. M. C. Cracker
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.

MAINTAINED FOR BINDING. WITH PLAINLY. WITH LEADING INDICATOR. THIS IS A PERMANENT RECORD. N. H.—In case of twins or triplets use a separate blank for each child, and mark the FIRST-BORN. No. 4. THE OTHER. No. 2, etc., in question 5.