

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. E.—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 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Wadesboro</u>		STATE OF SOUTH CAROLINA		43108	
Township of <u>Hatfield</u>		Bureau of Vital Statistics			
or Inc. Town of <u>Camden</u>		State Board of Health			
City of <u>Camden</u>		Registration District No. <u>9714</u>		Registered No. .... (For use of Local Registrar)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. .... St.; .... Ward)			
(2) Full Name of Child <u>Emmett Gibbs</u>		(If child is not yet named, make supplemental report as directed)			
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>1</u>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 23, 22</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Frank Gibbs</u>			(14) NAME BEFORE MARRIAGE <u>Robert D. Gibbs</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Wright St</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Wright St</u>		
(10) COLOR OR RACE <u>Colored</u>			(16) COLOR OR RACE <u>Colored</u>		
(11) AGE AT LAST BIRTHDAY <u>35</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>34</u> (Years)		
(12) BIRTHPLACE <u>Delt Penn</u>			(18) BIRTHPLACE <u>Kershaw</u>		
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>Farming</u>		
(20) Number of children born to mother, including present birth <u>11</u>			(21) Number of children of this mother now living, including present birth <u>2</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>3:30 P. M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Gracie A. Richardson</u>					
(24) State whether Physician or Midwife (25) Address of Physician or Midwife					
Given name added from a supplemental report			(26) Witness <u>J. P. Richardson</u> (Signature of Witness necessary only when question 23 is signed by mark)		
<u>Gracie A. Richardson</u>			(27) Filed <u>Dec 25, 22</u> (28) <u>James M. N. Smith</u> Registrar 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.