

1. PLACE OF BIRTH

Township of _____
 County of Georgetown
 or
 Inc. Town of _____
 or
 City of Georgetown

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2-1

FILE No.—For State Registrar Only

176 76-aRegistered No. 119
(For use of Local Registrar)

2. FULL NAME OF CHILD

David Richard Gibbs

If child is not yet named, make supplemental report as directed.

3. Boy or Girl Boy 4. Twin, triplet, or other _____ 5. Number, in order of birth _____
 6. Premature _____ 7. Legitimate _____ 8. Date of birth June 17, 1923
 (Month, day, year)

9. Full name Robert S. Gibbs FATHER

10. Full maiden name Bertie Jackson MOTHER

11. Residence (usual place of abode) (If nonresident, give place and State) _____

12. Residence (usual place of abode) (If nonresident, give place and State) _____

13. Color or race Negro 14. Age at last birthday 36 (Years)

15. Color or race Negro 16. Age at last birthday 29 (Years)

17. Birthplace (city or place) (State or country) Norcross S.C.

18. Birthplace (city or place) (State or country) Georgetown S.C.

OCCUPATION 19. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 20. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Miner
 21. Date (month and year) last engaged in this work _____ 22. Total time (years) spent in this work _____

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____
 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) 7 (a) Born alive and now living 12 (b) Born alive but now dead _____ (c) Stillborn _____

28. If stillborn, period of gestation _____ months weeks 29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN, OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Female at 4 m. on the date above stated (Born alive or stillborn)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

Given name added from a supplemental report _____ (Date of) _____

(Signed) Willie Hill, M. D.

or _____, Midwife

Address Don't know

Filed June 19, 1923

Registrar

Registrar