

1. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
BUREAU OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH  
County of Anderson  
Township of Broadway  
or  
Inc. Town of.....  
or  
City of Anderson (No. H. Mitchell)  
(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

Registration District No. 301 Registered No. 61  
(For use of Local Registrar)

(2) Full Name of Child Ralph Louis Gibson (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec 1 1922</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Sam L Gibson</u>	(14) NAME BEFORE MARRIAGE <u>now Thomas</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Anderson</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Anderson</u>
(10) COLOR OR RACE <u>w</u>	(11) AGE AT LAST BIRTHDAY <u>19</u> (Years)	(16) COLOR OR RACE <u>w</u>	(17) AGE AT LAST BIRTHDAY <u>18</u> (Years)
(12) BIRTHPLACE <u>Fulton Co Ga</u>		(18) BIRTHPLACE <u>Lumpkin Co Ga</u>	
(13) OCCUPATION <u>mill op</u>		(19) OCCUPATION <u>housewife</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 ..... M.  
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) A. L. Anderson  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Anderson St

Given name added from a supplemental report  
.....  
.....  
..... 19 ..  
Registrar

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jan 10 1923 (28) W. H. Campbell  
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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