

TOWNS 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

County of Berkeley
 Township of 2nd St. John's
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. — For State Registrar Only

88568

Registration District No. 703

Registered No. 123
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child John Gibbs

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

(3) BOY OR GIRL? B

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

Dec 19, 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Walter Gibbs

(9) PRESENT POSTOFFICE OF FATHER

Oakley Depot

(10) COLOR OR RACE

B

(11) AGE AT LAST BIRTHDAY

32
 (Years)

(12) BIRTHPLACE

Berkeley Co

(13) OCCUPATION

Farming

(20) Number of children born to mother, including present birth

4

MOTHER.

(14) NAME BEFORE MARRIAGE

Emily Gadsden

(15) PRESENT POSTOFFICE OF MOTHER

Oakley Depot

(16) COLOR OR RACE

B

(17) AGE AT LAST BIRTHDAY

25
 (Years)

(18) BIRTHPLACE

Berkeley Co

(19) OCCUPATION

Housewife

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 8 AM on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Josephine S. Middleton

(24) State whether Physician or Midwife

Midwife Oakley Depot, S.C.

Given name added from a supplemental report

(26) Witness

Larima Mullins

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

1916
 Registrar

(27) Filed

Dec 29, 1916

(28)

J. C. Cain
 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.