

N. B.—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.

RECAP OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Charleston
 Township of
 OR
 Inc. Town of
 OR
 City of Charleston
 (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

No. for State Registrar's Use
29309

Registration District No. 9 Registered No. 1449
 (For use of Local Registrar)

(2) Full Name of Child

Joseph Lucien Gibbs

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

(3) BOY OR GIRL? B (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 28 22
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Lucien Gibbs
 (9) PRESENT POSTOFFICE OF FATHER 38 1/2 Marsh
 (10) COLOR OR RACE C (11) AGE AT LAST BIRTHDAY 26 (Years)
 (12) BIRTHPLACE A. C.
 (13) OCCUPATION Teacher
 (20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Proctor
 (15) PRESENT POSTOFFICE OF MOTHER 38 1/2 Marsh
 (16) COLOR OR RACE C (17) AGE AT LAST BIRTHDAY 24 (Years)
 (18) BIRTHPLACE A. C.
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Mrs. Alice on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) 10 P. M.

(23) (Signature) Julia Okinaka
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 236 Colman

Given name added from a supplemental report
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 Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by "MAY")
 (27) Filed 9/30 22 Local Registrar

*When there was no attending physician or midwife, then the father, if a child breathes even once, it must be reported as such before the 30th month of gestation.