

Form No. 1

(1) PLACE OF BIRTH

County of CharlestonTownship of Wadmalaw

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

88870

Registration District No. Registered No. 69

(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 Daniel Gibbs { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth
To be answered only in case of twins or triplets

(6) Are Parents Married?

(7) DATE OF BIRTH Dec 17 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Benjamin Gibbs(9) PRESENT POSTOFFICE OF FATHER Marine Point(10) COLOR OR RACE negr (11) AGE AT LAST BIRTHDAY 23 (Years)(12) BIRTHPLACE Wadmalaw S.C.(13) OCCUPATION Ham Labor(20) Number of children born to mother, including present birth { 3

MOTHER.

(14) NAME BEFORE MARRIAGE Larita White(15) PRESENT POSTOFFICE OF MOTHER Marine Point(16) COLOR OR RACE negr (17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE Wadmalaw S.C.(19) OCCUPATION Ham Labor(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 2 P. at 2 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Benjamin Gibbs

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

191...

Registrar

(26) Witness John F. Sosnowski

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

(27) Filed Dec 24 1916 (28) J. F. Sosnowski 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.

No. 11—In case of TOWNS OR TOWNSHIP, use a SEPARATE BLANK for each child, and attach the BLANKS to the back of this form. In case of CITIES, use a SEPARATE BLANK for each child, and attach the BLANKS to the back of this form. In case of COUNTIES, use a SEPARATE BLANK for each child, and attach the BLANKS to the back of this form. In case of TOWNSHIP, use a SEPARATE BLANK for each child, and attach the BLANKS to the back of this form. In case of CITIES, use a SEPARATE BLANK for each child, and attach the BLANKS to the back of this form. In case of COUNTIES, use a SEPARATE BLANK for each child, and attach the BLANKS to the back of this form.