

(1) PLACE OF BIRTH

County of Georgetown

Township of

or

Inc. Town of

or

City of # 3

(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

File No.—For State Registrar Only

6976

Registration District No. 9.162Registered No. 1
(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child Thomas Gibbs Jr.

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

(3) BOY OR GIRL <u>Boy</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>Jan 1st 1923</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Thomas Gibbs(9) PRESENT POSTOFFICE OF FATHER Arcadia Georgetown(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 20
(Years)(12) BIRTHPLACE Arcadia(13) OCCUPATION Laborer(14) Number of children born to mother, including present birth Two

MOTHER.

(14) NAME BEFORE MARRIAGE Bertha Small(15) PRESENT POSTOFFICE OF MOTHER Arcadia Georgetown(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 20
(Years)

(18) BIRTHPLACE

(19) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 6:00 M., on the date above stated. (Born alive or stillborn) Hour A. M. or P. M.)(23) (Signature) Rhyna Frasier(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Arcadia

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Jan 1923 (28) Wm. B. D. Hines 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 stillborns before the fifth month of pregnancy.