

## (1) PLACE OF BIRTH

County of BambergTownship of Plant B.B.Inc. Town of Char(City of S.E.)

(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. 40.1No. 282—For State Registrar OnlyRegistered No. 1  
(For use of Local Registrar)(2) Full Name of Child Mabel Gilbert

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

(3) SEX  
GIRL(4) Type  
or Type

To be reported only in case of Twin or Triplets

(5) Number in  
order of birth 6(6) Are  
Twin or  
Triplet(7) DATE OF  
BIRTH Jan 11

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAMEFletcher Gilbert(9) PRESENT  
POSTOFFICE  
OF FATHERChar(10) COLOR  
OR  
RACEColo(11) AGE AT LAST  
BIRTHDAY 30

(Years)

(12) BIRTHPLACE

Mr. S. E. Healy Char

(13) OCCUPATION

Farming(14) Number of children born to  
mother, including present birthSix

## MOTHER.

(14) NAME BEFORE  
MARRIAGEMabel Gilbert(15) PRESENT  
POSTOFFICE  
OF MOTHERChar(16) COLOR  
OR  
RACEColo(17) AGE AT LAST  
BIRTHDAY 38

(Years)

(18) BIRTHPLACE

Mr. S. E. Healy Char

(19) OCCUPATION

Farming(20) Number of children of this mother  
now living, including present birthSix

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 4 A.M.  
on the date above stated. (Born alive or ~~dead~~) (Hour A. M. or P. M.)(23) (Signature) Sara Mays

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-  
tal report

(26) Witness

(Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed Jan 30 1928

(28)

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.\*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.

RECEIVED FOR BIRTHING.

WRITE PLAINLY. WITH LEAD PENCIL. THIS IS A PERMANENT RECORD. IN CASE OF TWIN OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MAKE THE FIRST-BORN, No. 1, THE OTHER, No. 2, etc., IN QUESTION 4.

Bureau of Vital Statistics, Columbia, S. C.