CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
31909

(1) PLACE OF BIRTH

County of Richland Co.

Township of .....

or Inc. Town of .....

or City of Columbia SC

Registration District No. 38a Registered No. 1697 (For use of Local Registrar)

(No. ..... St.; five Ward)

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

(2) Full Name of Child marry gibson

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

(3) BOY OR GIRL? girl

(4) Twin or Triplet? 1

(5) Number in order of birth 1

To be answered only in event of Twins or Triplets

(6) Are Parents Married? yes

(7) DATE OF BIRTH Sep 12 (Name of Month) (Day) 1922 (Year)

FATHER.	MOTHER.
(8) FULL NAME George gibson	(14) NAME BEFORE MARRIAGE Silvire William
(9) PRESENT POSTOFFICE OF FATHER 2525 blosom St	(15) PRESENT POSTOFFICE OF MOTHER 2525 blosom St
(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 47 (Years)	(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 24 (Years)
(12) BIRTHPLACE Child S C	(18) BIRTHPLACE Eastover SC
(13) OCCUPATION day labor	(19) OCCUPATION Wash Woman
(20) Number of children born to mother, including present birth one	(21) 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 born alive at 430p M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) maggie Jones

(24) State whether Physician or Midwife midwife

(25) Address of Physician or Midwife 1417 Whaley St

Given name added from a supplemental report

E. Cullen Chief Sr.

Registrar

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

(27) Filed 9/29/1922 (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.

FORM NO. 7. MARGIN RESERVED FOR BINDING. WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.

McCaw, of Columbia.