

(1) PLACE OF BIRTH

County of Florence

Township of

or

Inc. Town of

City of Florence

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

(2) Full Name of Child Carlisle Eugene Gibson

File No.—For State Registrar Only

7451

(3) BOY OR GIRL girl

(4) Twin or Triplet?

If so, answer only in event of twins or triplets

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Carlisle Eugene Gibson(9) PRESENT POSTOFFICE OF FATHER Florence S.C.(10) COLOR OR RACE w (11) AGE AT LAST BIRTHDAY 33 (Years)(12) BIRTHPLACE Durham, S.C.(13) OCCUPATION Flagman U.S. R.C.(14) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Correll Jackson(15) PRESENT POSTOFFICE OF MOTHER Florence S.C.(16) COLOR OR RACE w (17) AGE AT LAST BIRTHDAY 26 (Years)(18) BIRTHPLACE Florence S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 2 a M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) [Signature](24) State whether Physician or Midwife (25) Address of Physician or Midwife Florence S.C.

Give name mailed from a supplemental report

1/17/22-52

(26) Witness

(Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed 3/21/22(28) C. C. Craddock

Legal 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.

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