

(1) PLACE OF BIRTH

County of Milledgeville  
Township of Berryville  
of  
Inc. Town of  
of  
City of

CERTIFICATE OF BIRTH  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No. - For State Registrar Only  
4580

Registration District No. 3302 Registered No. 4  
(For use of Local Registrar)

(2) Full Name of Child John Douglas Stubbs  
If birth occurs in a hospital or other institution, give name of same instead of street and number.

1. SEX OF CHILD Boy  
2. TIME OF BIRTH To be entered only in case of Twins or Triplets  
3. FATHER'S FULL NAME John Douglas Stubbs  
4. PRESENT POSTOFFICE OF FATHER Gibson NC R 2  
5. COLOR OR RACE White AGE AT LAST BIRTHDAY 22  
6. BIRTHPLACE I.C.  
7. OCCUPATION Auto mobile Mechanic  
8. Number of children born to mother, including present birth 1

9. MOTHER'S FULL NAME Sue Usher  
10. PRESENT POSTOFFICE OF MOTHER Gibson NC R 2  
11. COLOR OR RACE White AGE AT LAST BIRTHDAY 21  
12. BIRTHPLACE I.C.  
13. OCCUPATION Housewife  
14. Number of children of the mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN

(22) I hereby certify that I attended the birth of this child, who was born alive 6:00 P.M.  
on the date above stated.

(23) Signature of Physician D. J. Gibson  
(24) Address of Physician Gibson NC  
(25) Address of Physician at Birth Gibson NC

Give name and address of registered nurse

Signature of Witness necessary only when question 22 is signed by mother  
23 not there  
Local Registrar

When there was no attending physician, the mother, midwife, etc., should make this return.  
If a child is born dead, the return is entered of stillbirth.