

(1) PLACE OF BIRTH

County of SaludaTownship of Thence

or

Inc. Town of

or

City of

(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

66112

Registration District No. 3907Registered No. 4

(For use of Local Registrar)

(2) Full Name of Child Eddie Gibson

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

(3) BOY OR

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in case of Twin or Triplet

(6) Are Parents Married?

(7) DATE OF BIRTH Jan 19 1906

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Johnson, Liban(9) PRESENT POSTOFFICE OF FATHER Saluda Co(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 29 (Years)(12) BIRTHPLACE Saluda Co(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Mary E. Thredge(15) PRESENT POSTOFFICE OF MOTHER Saluda Co(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE Saluda Co(19) OCCUPATION Housewife(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 born alive or stillborn at Saluda Co on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Mary E. Thredge

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Leavelle Co.

Given name added from a supplemental report

(26) Witness

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

(27) July 13 1906

Registrar

(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.

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