

FORM NO. 2.

## (1) PLACE OF BIRTH

County of

Township of

Inc. Town of

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

45098

Registration District No. 18/13

Registered No. 6

(For use of Local Registrar)

## (2) Full Name of Child.

Henry Gibson

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

(5) Number in order of birth

to be answered only in event of Twins or Triplets

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

James Gibson

(9) PRESENT POSTOFFICE OF FATHER

Trenton

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

28 (Years)

(12) BIRTHPLACE

Edgefield Co

(13) OCCUPATION

Farm Hand

(20) Number of children born to mother, including present birth

4

## MOTHER.

(14) NAME BEFORE MARRIAGE

Mattie Morgan

(15) PRESENT POSTOFFICE OF MOTHER

Trenton, SC

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

27 (Years)

(18) BIRTHPLACE

Edgefield Co

(19) OCCUPATION

House Cleaning

(21) Number of children of this mother now living, including present birth

4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 10 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Mae E. Chamberlain

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed

Jan 25 1915

(28)

A. L. Zimmerman 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.

MARGIN RESERVED FOR BINDING.

WHITE PLAINS, WITH ENFOLDING 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.

McGaw, of Columbia.