

(1) PLACE OF BIRTH

County of Charleston
 Township of Campbell
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

No. for State Registrar
37607

Registration District No. 40-C Registered No. 183
 (For use of Local Registrar)

City of (No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child John E. Gibson (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL (4) Twin or Triplet (5) Number in order of birth (6) Sex (7) DATE OF BIRTH 10-24-23
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Louis Gregory</u>	(14) NAME BEFORE MARRIAGE <u>Nealie Cassell</u>	(9) PRESENT RESIDENCE OF FATHER <u>Duncan SC</u>	(15) PRESENT RESIDENCE OF MOTHER <u>Duncan SC</u>
(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)	(18) COLOR OR RACE <u>white</u>	(19) AGE AT LAST BIRTHDAY <u>18</u> (Years)
(15) BIRTHPLACE <u>SC</u>	(20) OCCUPATION <u>Farming</u>	(16) BIRTHPLACE <u>SC</u>	(21) OCCUPATION <u>Housewife</u>
(22) Number of children born to mother, including present birth <u>1-2-1</u>	(23) Number of children of this mother now living, including present birth <u>1-2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(24) I hereby certify that I attended the birth of this child, who was alive at 2 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(25) (Signature) Jan. E. Gibson MD
 (26) State whether Physician or Midwife (27) Address of Physician or Midwife Duncan SC

Given name added from a supplemental report

aff. 7-17-23
10 19 23
 Registrar

(28) Witness (Signature of Witness necessary only when question 28 is signed by mark)

(29) Filed Dec 1 1923 (30) E. A. Cahoon 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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