

(1) PLACE OF BIRTH

County of *Charleston*Township of *St. James Parish*or
Inc. Town of *McClanville*or
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

10357

Registration District No. *906*Registered No. *28*

(For use of Local Registrar)

(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 *Joseph Alvin Lickbo*

(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 *3*(6) Are Parents Married? *yes*

(7) DATE OF BIRTH

Apr 21, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Joe Gibbs*(9) PRESENT POSTOFFICE OF FATHER *McClanville*(10) COLOR OR RACE *negro*(11) AGE AT LAST BIRTHDAY *42*
(Years)(12) BIRTHPLACE *Charleston Co*(13) OCCUPATION *Laborer*

MOTHER.

(14) NAME BEFORE MARRIAGE *Eliza Ball*(15) PRESENT POSTOFFICE OF MOTHER *McClanville*(16) COLOR OR RACE *negro*(17) AGE AT LAST BIRTHDAY *30*
(Years)(18) BIRTHPLACE *Charleston Co*(19) OCCUPATION *Day Labor*(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* at *10 P. M.*
on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)(23) (Signature) *Bruce Lawrence*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

McClanville

Given name added from a supplemental report

(26) Witness

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

(27) Filed *May 1, 1922*(28) *Red Cushman*

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.

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.