

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING 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. McCaw, of Columbia.

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**  
 County of *Charleston* STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 Township of *St. James Parishes* State Board of Health  
 or  
 Inc. Town of *McLellanville* Registration District No. *906* Registered No. *73*  
 or  
 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 *George Gibbs* { If child is not yet named, make supplemental report as directed

File No. — For State Registrar Only  
**76130**

(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 *Sept. 24, 1916*  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

| FATHER.  |   | MOTHER.   |  |
|--|---|---|--|
| (8) FULL NAME <i>William Gibbs</i>                                       | (14) NAME BEFORE MARRIAGE <i>Lillie Simmons</i>                                     | (9) PRESENT POSTOFFICE OF FATHER <i>McLellanville</i> | (15) PRESENT POSTOFFICE OF MOTHER <i>McLellanville</i> |
| (10) COLOR OR RACE <i>Ways</i>   | (11) AGE AT LAST BIRTHDAY <i>23</i> (Years)   | (16) COLOR OR RACE <i>Ways</i>                        | (17) AGE AT LAST BIRTHDAY <i>20</i> (Years)            |
| (12) BIRTHPLACE <i>Charleston Co</i>                                     | (18) BIRTHPLACE <i>Georgetown</i>   | (13) OCCUPATION <i>Iron Laborer</i>                   | (19) OCCUPATION <i>Field Hand</i>                      |
| (20) Number of children born to mother, including present birth <i>3</i> | (21) Number of children of this mother now living, including present birth <i>3</i> |   |  |

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***  
 (22) I hereby certify that I attended the birth of this child, who was *alive* at *4 o'clock a.m.* on the date above stated. (Born ~~alive or stillborn~~) (Hour A. M. or P. M.)  
 (23) (Signature) *James Howard*  
 (24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *McLellanville*

Given name added from a supplemental report \_\_\_\_\_, 191...  
 \_\_\_\_\_ Registrar  
 (26) Witness \_\_\_\_\_ (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed *Oct. 2, 1916* (28) *Geo. E. Beckman* 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.