

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
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

No. 12727

12727

Registration District No. Registered No. 198
(For use of Local Registrar)(2) Full Name of Child A. L. Gibson If child is not yet named, make supplemental report as directed

(a) SEX OR AGE	(b) Type or Triplet To be covered only in case of Triplet or Triplet	(c) Number in order of birth	(d) Are twins yes	(e) DATE OF BIRTH <u>Aug 27, 1923</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(1) FULL NAME <u>A. L. Gibson</u>	(14) NAME BEFORE MARRIAGE <u>Eddie Lee</u>	(2) PRESENT POSTOFFICE OF FATHER <u>Anderson, S. C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Anderson, S. C.</u>
(3) COLOR OR RACE <u>white</u>	(16) COLOR OR RACE <u>white</u>	(4) AGE AT LAST BIRTHDAY <u>25</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)
(5) BIRTHPLACE <u>Anderson, S. C.</u>	(18) BIRTHPLACE <u>Pelzer, S. C.</u>	(6) OCCUPATION <u>Electrician</u>	(19) OCCUPATION <u>Domestic</u>
(7) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 11 M.
on the date above stated. (Born alive or stillborn Hour M. or P. M.)(23) (Signature) Jo. Anderson
(24) State whether Physician or Midwife (25) Address of Physician or MidwifeGiven name added from a supplement-
al report(26) Witness (Signature of Witness) JO. ANDERSON,
when question 23 is signed by mark(27) Filed 19 (28) ANDERSON, S. C.
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.

a supplementary report

Address 24 MainFiled 19