

(1) PLACE OF BIRTH

County of GreenvilleTownship of Sumneror  
Inc. Town of Millor  
City of Greenville

(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

42692

Registration District No. 2209A Registered No. 542

(For use of Local Registrar)

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE BIRTH Dec. 3, 1911  
(Name of Month) (Day) (Year)

## FATHER.

## MOTHER.

(8) FULL NAME Thomas Franklin Bibb (9) NAME BEFORE MARRIAGE Louis Gasnell(10) PRESENT POSTOFFICE OF FATHER Greenville S.C. (11) PRESENT POSTOFFICE OF MOTHER Greenville S.C.(12) COLOR OR RACE White (13) AGE AT LAST BIRTHDAY 23 (14) COLOR OR RACE White (15) AGE AT LAST BIRTHDAY 18  
(Years) (Years)(16) BIRTHPLACE Piedmont S.C. (17) BIRTHPLACE Central S.C.(18) OCCUPATION Textile (19) OCCUPATION Domestic(20) Number of children born to mother, including present birth one (21) Number of children of this mother now living, including present birth one

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born at 115 P on the date above stated. (Hour A. M. or P. M.)(23) (Signature) W. H. H. H.(24) State whether Physician or Midwife Physician

Given name added from a supplemental report

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

(27) Jan. 4, 1912 (28) A. N. Macken 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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