

MARGIN RESERVED FOR INDEXING.

WRITES 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
Craw. of Columbia FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8.

(1) PLACE OF BIRTH

County of GreenvilleTownship of Dunklin

or

Inc. Town of

or

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Nancy Olive Thibbitt(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth
To be answered only in event of twins or triplets(6) Are Parent Married? Yes(7) DATE OF BIRTH Feb. 21st

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Joseph Pinkney Thibbitt(9) PRESENT POSTOFFICE OF FATHER Honea Path, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38 (Years)(12) BIRTHPLACE Gibbs Co., S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Nancy Ann Thompson(15) PRESENT POSTOFFICE OF MOTHER Honea Path, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34 (Years)(18) BIRTHPLACE Gibbs Co., S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 3 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. P. Thibbitt, M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Honea Path, S.C.

Given name added from a supplemental report

Registrar

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

(27) Filed Jan 7 1916 (28) C. D. Smith 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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CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

4952

Registration District No. 2205 Registered No. 16

(For use of Local Registrar)

St.; Ward)

If child is not yet named, make supplemental report as directed