

Form No. 10. MARGIN RESERVED FOR BINDING. 2 RECORDS.
 WHITE PLAINLY, WITH CHANGING ENTRIES IN A PLAIN BLANK FOR EACH CHILD, AND MARK THE
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK, No. 2, etc., in question 5.
 FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH
 County of Sumter
 Township of Shiloh
 or
 Inc. Town of
 or
 City of (No. _____ St. _____ Ward _____)
 (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
44819

Registration District No. 410 Registered No. 112
 (For use of Local Registrar)

2) Full Name of Child Hannie Belle Gibbs { 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 OF BIRTH 12 3 1915
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Willie L Gibbs
 (9) PRESENT POSTOFFICE OF FATHER Chauta S.C.R.I.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31 (Years)
 (12) BIRTHPLACE Sumter Co S.C.
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 1

MOTHER.
 (14) NAME BEFORE MARRIAGE Pha Connor
 (15) PRESENT POSTOFFICE OF MOTHER Chauta, S.C.R.I.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Years)
 (18) BIRTHPLACE Honolulu, Hawaii
 (19) OCCUPATION Housekeeping
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 5 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Martha Wilson (24) State whether Physician or Midwife midwife (25) Signature of Physician or Midwife Chauta S.C.R.I.

Given name added from a supplemental report
 _____, 191____
 _____ Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filled 12-15 191____ (28) S B McElwain 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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W. B. McCaw

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