

WHILE FILLING, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. D.—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.

(1) PLACE OF BIRTH
County of Oconee
Township of Cata
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.)

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
23329

Registration District No. 3500 Registered No. 98
(For use of Local Registrar)

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH May 6 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Lancy Craig Bibb
(9) PRESENT POSTOFFICE OF FATHER Westminster N.C.
(10) COLOR OR RACE W. Lite (11) AGE AT LAST BIRTHDAY 23 (Years)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Rosa B. Wakefield
(15) PRESENT POSTOFFICE OF MOTHER Westminster N.C.
(16) COLOR OR RACE W. Lite (17) AGE AT LAST BIRTHDAY 23 (Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION House Wife
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child who was Alive at 4:15 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Wm. A. Strickland
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician | Westminster

Given name added from a supplemental report
....., 191....
..... Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
Wm. A. Strickland
(27) Filed July 11 22 (28) Wm. A. Strickland 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.

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.