

(1) PLACE OF BIRTH

County of SpokaneTownship of Beach Springsor
Inc. Town ofor
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.) (No. St.; Ward)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

87358

Registration District No. 40-C Registered No. 208
(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? <u>Girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Nov 20, 1916</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>R F Bridgeman</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Juman, SC</u>		(14) NAME BEFORE MARRIAGE <u>Malissa Smith</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Juman SC</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>44</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>42</u> (Years)	(12) BIRTHPLACE <u>NC</u>
(13) OCCUPATION <u>Farmer</u>	(20) Number of children born to mother, including present birth <u>17</u>	(18) BIRTHPLACE <u>Sptg Co. SC</u>	(19) OCCUPATION <u>Housewife</u>	(21) Number of children of this mother now living, including present birth <u>13</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 9:20 A. M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Jas R Gibson M.D.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Juman SC

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Dec 5, 1916 (28) Ed Capers
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.