

Form No 1.

(1) PLACE OF BIRTH

County of Greenville

Township of

or Inc. Town of

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

46285

Registration District No. 22A

Registered No. 35

(For use of Local Registrar)

(2) Full Name of Child

Florence B. B. C.

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet? X

(5) Number in order of birth X

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

Jan. 23

(8) FULL NAME

Willis Buler Bibb

(14) NAME BEFORE MARRIAGE

Ruth V. V. V.

(9) PRESENT POSTOFFICE OF FATHER

Greenville

(15) PRESENT POSTOFFICE OF MOTHER

Greenville

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

2

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

24

(12) BIRTHPLACE

York

(18) BIRTHPLACE

York

(13) OCCUPATION

Teacher

(19) OCCUPATION

Home

(20) Number of children born to mother, including present birth

1

(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 B. Bibb at 7:35 P.M. on the date above stated.

(23) (Signature) J. H. H.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed Feb. 11, 1916

(28) Clam

Local Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

IF 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.