

(1) PLACE OF BIRTH

County of Saluda

Township of #

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

50350

Registration District No. 3902 Registered No. 2

(For use of Local Registrar)

(2) Full Name of Child. Flourance Helen Gibson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan 12 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Fisher Gibson

(9) PRESENT POSTOFFICE OF FATHER Prosperity S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34 (Years)

(12) BIRTHPLACE Saluda Co.

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Lura Day Malheur

(15) PRESENT POSTOFFICE OF MOTHER Prosperity S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33 (Years)

(18) BIRTHPLACE Newberry Co.

(19) OCCUPATION Housekeeping

(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 9:45 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. P. ...

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Prosperity

Given name added from a supplemental report

Jane ... 1916

W. Miller Registrar

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

Walter ... 1916 (26) Walter ... 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.

MARGIN RESERVED FOR BINDING. WRITE 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 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.