

(1) PLACE OF BIRTH

County of ClarendonTownship of Dannglas

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

48630

Registration District No. 1302 Registered No. 95

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Quita Gibbons { 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> <small>To be answered only in case of twins or triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb. 28, 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME William J. Gibbons(9) PRESENT POSTOFFICE OF FATHER Turkeyville, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35
(Years)(12) BIRTHPLACE Turkeyville, S.C.(13) OCCUPATION Farming(14) Number of children born to mother, including present birth Four

MOTHER.

(14) NAME BEFORE MARRIAGE Martha H. Robinson(15) PRESENT POSTOFFICE OF MOTHER Turkeyville, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29
(Years)(18) BIRTHPLACE Turkeyville, S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

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

Physician Turkeyville, S.C.

Given name added from a supplemental report

....., 191.....

Registrar

(25) Witness
(Signature of Witness necessary only when question 22 is signed by mother)(27) Filed Mar. 8, 1916 (28) M. W. Pittman
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.