

(1) PLACE OF BIRTH

County of **Spartanburg**
 Township of **Spartanburg**
 City of **Converse, S.C.**

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

Registration District No. **4008**

File No.—For State Register Only

37751Registered No. **342**
(For use of Local Registrar)

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

(2) Full Name of Child **George Stibb** If child is not yet named, make supplemental report as directed

(3) SEX OR CHILD **Male** (4) Type of Twin **1** (5) Number in order of birth **1** (6) Are Parents Married **Yes** (7) DATE OF BIRTH **Nov 23, 1923**
 (Name of Month) (Day) (Year)

FATHER. (8) FULL NAME **George Stibb** (9) PRESENT POSTOFFICE OF FATHER **Converse, S.C.** (10) COLOR OR RACE **W.** (11) AGE AT LAST BIRTHDAY **28** (Year)

(12) BIRTHPLACE **N. C.** (13) OCCUPATION **Textile** (14) MOTHER. (15) FULL NAME **Alma Stibb** (16) PRESENT POSTOFFICE OF MOTHER **Converse, S.C.** (17) COLOR OR RACE **W.** (18) AGE AT LAST BIRTHDAY **27** (Year)

(19) BIRTHPLACE **N. C.** (20) OCCUPATION **H. W.** (21) Number of children born to mother, including present birth **Five** (22) Number of children of this mother now living, including present birth **Four**

(23) I hereby certify that I attended the birth of this child, who was **Born Alive** (Born alive or stillborn) (Hour A. M. or P. M.)

(24) (Signature) **Arthur E. Cannon, M.D.** (25) State whether Physician or Midwife **Physician** (26) Address of Physician or Midwife **Converse, S.C.**

(27) Give name added from a supplemental report **MARTIN D. HOOD, M.D., M.D.** (28) Witness (Signature of Witness necessary only when question 23 is signed by mark) **1/3 42** (29) Filed **Dec. 5, 1923** (30) Local Registrar **11/3 42**

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.

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