

Form No. 1

(1) PLACE OF BIRTH

County of YamhillTownship of East Laneor
Inc. Town ofor
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

92092

Registration District No. 4203Registered No. 51

(For use of Local Registrar)

(2) Full Name of Child

Jessie Cornelia Gifford

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

(3) BOY OR GIRL?

boy

(4) Twin or Triplet?

No.

(5) Number in order of birth

3

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Dec. 71916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Geo. C. Gifford

(9) PRESENT POSTOFFICE OF FATHER

Carlisle

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

40

(Years)

(12) BIRTHPLACE

S. C.

(13) OCCUPATION

Carpenter

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

3

MOTHER.

(14) NAME BEFORE MARRIAGE

Ella Robinson

(15) PRESENT POSTOFFICE OF MOTHER

Carlisle

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

35

(Years)

(18) BIRTHPLACE

S. C.

(19) OCCUPATION

Housewife

(20) Number of children of this mother now living, including present birth

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 7 a. M., on the date above stated. (Born, alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) R. H. Long

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Carlisle

Given name added from a supplemental report

, 191...

Registrar

(26) Witness

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

(27) Filed Dec 8 1916

(28)

P. H. Gifford

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.