

## (1) PLACE OF BIRTH

County of UnionTownship of Beaufortvilleor  
Inc. Town ofor  
City of(No. .... St.; .... Ward)  
(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

79577

Registration District No. 4701 Registered No. 32

(For use of Local Registrar)

(2) Full Name of Child Penelope Gibbs

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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 13 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Wm Jasper Gibbs(9) PRESENT POSTOFFICE OF FATHER Buffalo SC, Pa(10) COLOR OR RACE White AGE AT LAST BIRTHDAY 35 (Years)(12) BIRTHPLACE Union County(13) OCCUPATION Farmer & Merchant(20) Number of children born to mother, including present birth Six

## MOTHER.

(14) NAME BEFORE MARRIAGE Effie Estell Davis(15) PRESENT POSTOFFICE OF MOTHER Buffalo SC, Pa(16) COLOR OR RACE White AGE AT LAST BIRTHDAY 33 (Years)(18) BIRTHPLACE Union Co.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth Three

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at Union Co M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) R. B. Smith M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Union Co.

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 Sept 13 191..... (28) J. Bay & Luncat 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.

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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.

McGraw-Hill