

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
M.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.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No. — For State Registrar Only	
County of <u>Flour</u>		STATE OF SOUTH CAROLINA.		55892	
Township of <u>Unionville</u>		Bureau of Vital Statistics			
or Inc. Town of		State Board of Health			
City of		Registration District No. <u>2-15</u>		Registered No. <u>76</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. St. Ward)		(For use of Local Registrar)	
(2) Full Name of Child <u>Rosana Libbon</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>—</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>April 20 1916</u> (Name of Month) (Day) (Year)	
FATHER			MOTHER		
(8) FULL NAME <u>Eugene Libbon</u>			(14) NAME BEFORE MARRIAGE <u>Lizzie Libbon</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Unionville R.D.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Unionville</u>		
(10) COLOR OR RACE <u>negro</u>			(16) COLOR OR RACE <u>negro</u>		
(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>17</u> (Years)		
(12) BIRTHPLACE <u>Flourville S.C.</u>			(18) BIRTHPLACE <u>Flourville S.C.</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Labourer</u>		
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>1:30 P.</u> M., on the date above stated. (Born <u>alive</u> or <u>stillborn</u>) (Hour A. M. or P. M.)					
(23) (Signature) <u>Ed. J. Smith</u>					
(24) State whether Physician or Midwife (25) Address of Physician or Midwife					
Given name <u>Ed. J. Smith</u> from a supplemental report <u>1916</u>					
(26) Witness (Signature of Witness necessary only when question 28 is signed by mark)					
(27) Filed <u>May 1916</u> (28) <u>W. C. Miller</u> 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.

FIFTH MONTH OF PREGNANCY.