

FORM NO. 1.

(1) PLACE OF BIRTH

County of Fairfield

Township of 8

or  
Inc. Town of .....

or  
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

18561

Registration District No. 1907 ... Registered No. 3 ...

(For use of Local Registrar)

(2) Full Name of Child Josephine Sibles ... } 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>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>February 9 1916</u> (Name of Month) (Day) (Year)
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FATHER.

MOTHER.

(8) FULL NAME John Wesley Sibles

(14) NAME BEFORE MARRIAGE Lillie Griggs

(9) PRESENT POSTOFFICE OF FATHER Ridgeway S.C.

(15) PRESENT POSTOFFICE OF MOTHER Ridgeway S.C.

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 33 (Years)

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 30 (Years)

(12) BIRTHPLACE Fairfield County

(18) BIRTHPLACE Fairfield County

(13) OCCUPATION Farming

(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 6

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Laura Hughes

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

midwife Benoni S.C.

Given name added from a supplemental report

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

..... 191.....

(27) Filed Mar 1 1916 (28) J. C. ... 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.

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. McCaw, of Columbia.