

Form No. 1.

## (1) PLACE OF BIRTH

County of ChesterfieldTownship of Int. Croghanor  
Inc. Town of .....

City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and neighborhood.)

## CERTIFICATE OF BIRTH

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

FOR USE OF THE REGISTRAR

48601

Registration District No. 20.2 Registered No. 2/

(For use of local registrar)

(2) Full Name of Child Norma Estelle Gibson

If child is not yet named, submit supplemental report as directed.

(3) BOY OR GIRL? Girl (4) Twin or triplet? No (5) Number in order of birth 1st (6) Am. Parents Married? Yes (7) BIRTH OF MOTHER Married (Name of Mother, Maiden Name)

## FATHER.

(8) FULL NAME Julie Gibson(9) PRESENT POSTOFFICE OF FATHER Int. Croghan S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 22 (Years)(12) BIRTHPLACE Chesterfield co S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth one

## MOTHER.

(15) NAME BEFORE MARRIAGE Euthe Smith(16) PRESENT POSTOFFICE OF MOTHER Int. Croghan S.C.(17) COLOR OR RACE white (18) AGE AT LAST BIRTHDAY 22 (Years)(19) BIRTHPLACE Chesterfield co S.C.(20) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) (Sex)(23) (Signature) J. T. Rivera

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

Physician Int. Croghan S.C.

Given name added from a supplemental report

June 7, 1916Dr. RiveraPhysician

(26) Witness (Signature of Witness necessary only when question 25 is signed by mark)

(27) Signed Feb. 11, 1916 (28) J. T. RiveraPhysician

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.

MAKING RESERVED FOR BIRTHS.  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
M.F.—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.  
Clav. of Columbia