

THIS IS A PERMANENT RECORD
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 questions 5

(1) PLACE OF BIRTH

County of Orangeburg
Township of Windsor
or
Inc. Town of Carrollton
or
City of Carrollton

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

No. 28386
For State Registrar Only

Registration District No. 100 Registered No. 66
(For use of Local Registrar)
St.; Word)

(2) Full Name of Child Edna Elliott Gribb

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> To be answered only in case of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Sept 1, 1905</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Jannis Gribb</u>			(14) NAME BEFORE MARRIAGE <u>Edna Elliott</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Durham S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Durham S.C.</u>	
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>	
(11) AGE AT LAST BIRTHDAY <u>41</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>33</u> (Years)	
(12) BIRTHPLACE <u>Georgetown Co.</u>			(18) BIRTHPLACE <u>Georgetown Co.</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>Four</u>			(21) Number of children of this mother now living, including present birth <u>Four</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 8:00 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. H. Bell
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Georgetown Co.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed (28) 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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