

(1) PLACE OF BIRTH

County of Camden
 Township of Red Creek
 or
 Inc. Town of
 or
 City of

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

File No.—For State Register

39029

Registration District No. 2803 Registered No. 107
 (For use of Local Registrar)

City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Dorothy M. Dorell If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 10, 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME W. C. M. Dorell
 (9) PRESENT POSTOFFICE OF FATHER Kershaw S.C.
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 57
 (Year) (12) BIRTHPLACE S.C.
 (13) OCCUPATION Deerlist

MOTHER.

(14) NAME BEFORE MARRIAGE Ira Burrey
 (15) PRESENT POSTOFFICE OF MOTHER
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 34
 (Year) (18) BIRTHPLACE U.C.
 (19) OCCUPATION

(20) Number of children born to mother, including present birth 5 (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 alive at 11 P. M. on the date above stated. (Hour * M. or P. M.)

(23) (Signature) W. C. M. Dorell

(24) State whether Physician or Midwife U.C. (25) Address of Physician or Midwife Kershaw S.C.

Given name added from a supplemental report

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

(27) Filed Nov. 11, 1922 (28) J. C. Nelson
 Registrar 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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