

(1) PLACE OF BIRTH

County of DillonTownship of Manning

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 Registrar Only

17428

Registration District No. 1605Registered No. 47

(For use of Local Registrar)

(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 Bill Gerald

If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 1 1924</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Rufus Gerald</u>			(14) NAME BEFORE MARRIAGE <u>Orella McEnnis</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Dillon SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Dillon SC</u>	
(10) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>24 1</u> (Year)	(16) COLOR OR RACE <u>Colored</u>		
(12) BIRTHPLACE <u>Millersville</u>		(17) AGE AT LAST BIRTHDAY <u>35</u> (Year)		
(13) OCCUPATION <u>Farming</u>		(18) BIRTHPLACE <u>Marionville</u>		
		(19) OCCUPATION <u>House Work</u>		
20 Number of children born to mother, including present birth <u>11</u>			21 Number of children of this mother now living, including present birth <u>7</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 12 A.M. on the date above stated. (Born alive or stillborn: (Hour A. M. or P. M.)(23) (Signature) Lallie Lubette(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Dillon SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed 6/16 1924B. J. Williams 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.