

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—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.

(1) PLACE OF BIRTH

County of Richland

Township of

OF

Inc. Town of

OR

City of Columbia S.C.

(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

36149

Registration District No. 35aRegistered No. 1773
(For use of Local Registrar)(No. R. Hospital St.; Ward)

(2) Full Name of Child

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

2

(6) Are Parents Married

Yes

(7) DATE OF

BIRTH

July 25

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Archie Curtis Dancy

(9) PRESENT POSTOFFICE OF FATHER

Columbia

(10) COLOR OR RACE

W

(11) AGE AT LAST BIRTHDAY

33
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Mechanic

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

1 and

MOTHER.

(14) NAME BEFORE MARRIAGE

Ada Elaine Dixon

(15) PRESENT POSTOFFICE OF MOTHER

Columbia

(16) COLOR OR RACE

W

(17) AGE AT LAST BIRTHDAY

23
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

House wife

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

1 and

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born July 25 1910 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) D. J. Matheson M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed July 25 1910

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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