

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PREPARATION FOR EACH CHILD, and mark the
M. 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 3.

(1) PLACE OF BIRTH

County of Sumter
Township of
or
Inc. Town of
or
City of Sumter
(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

No. 30283

Registration District No. 412 Registered No. 94
(For use of Local Registrar)

(No. W. Liberty St.; 2 Ward)

(2) Full Name of Child Charles Courtenay Dibble

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

(3) SEX OR CHILD Boy (4) Twin or Triplet X (5) Number in order of birth X (6) DATE OF BIRTH April 12 1933
(Name of Month) (Day) (Year)

FATHER.
(7) FULL NAME Wm. Vergil Dibble
(8) PRESENT POSTOFFICE OF FATHER Sumter, S.C.
(9) COLOR OR RACE White (10) AGE AT LAST BIRTHDAY 33
(11) BIRTHPLACE Orangeberg, S.C.
(12) OCCUPATION Minister
(13) Number of children born to mother, including present birth Four

MOTHER.
(14) NAME BEFORE MARRIAGE Augusta Muckenfuss
(15) PRESENT POSTOFFICE OF MOTHER Sumter, S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 35
(18) BIRTHPLACE Charleston, S.C.
(19) OCCUPATION Housewife
(20) Number of children of this mother born, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Born Alive at 9:40 P. M. on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(22) Signature of Physician or Midwife H. H. Mac (23) Address of Physician or Midwife Sumter, S.C.

Given name added after the regular name of the child is signed by (mark) H. H. Mac (24) Signature of Witness necessary only when child is signed by (mark) D. O. B...

When there is a change of name, the child should be reported as desired of parents