

(1) PLACE OF BIRTH

County of Camden
 Township of Red Bank
 OR
 Inc. Town of Clas Se
 OR
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

17594

Registration District No. 4.2.1 Registered No. 10
 (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 Bessie Dickinson (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 June 17 1922
 (Specify of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Bessie Dickinson</u>	(14) NAME BEFORE MARRIAGE <u>Sarah Counts</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Clas Se</u>	(16) PRESENT POSTOFFICE OF MOTHER <u>Clas Se</u>
(10) COLOR OR RACE <u>col</u>	(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)	(18) COLOR OR RACE <u>col</u>	(17) AGE AT LAST BIRTHDAY <u>25</u> (Years)
(12) BIRTHPLACE <u>SC</u>	(19) OCCUPATION <u>farming</u>	(13) BIRTHPLACE <u>SC</u>	(20) OCCUPATION <u>farming</u>
(21) Number of children born to mother, including present birth <u>5</u>	(22) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(23) I hereby certify that I attended the birth of this child, who was Born alive at 2 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(24) (Signature) Sarah Moyer (25) State whether Physician or Midwife Midwife (26) Address of Physician or Midwife Clas Se

Given name added from a supplemental report

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

(28) Filed June 22 1922 (29) C. E. B. Smith 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.