

(1) PLACE OF BIRTH

County of *Williamsburg*

Township of

or
Inc. Town of *Emp. Shu. S.C.*
orCity 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. *Walter E. Dennis* } If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? *Boy* (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? *yes* (7) DATE OF BIRTH *May 24 1924* (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Walter W. Dennis*(9) PRESENT POSTOFFICE OF FATHER *Emp. Shu. S.C.*(10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *26* (Years)(12) BIRTHPLACE *Williamsburg Co.*(13) OCCUPATION *Miller*(20) Number of children born to mother, including present birth *2*

MOTHER.

(14) NAME BEFORE MARRIAGE *Peace Effs*(15) PRESENT POSTOFFICE OF MOTHER *Emp. Shu. S.C.*(16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *21* (Years)(18) BIRTHPLACE *Williamsburg Co.*(19) OCCUPATION *housewife*(21) Number of children of this mother now living, including present birth *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *Alive* at P.M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) *J. B. Dennis, M.D.*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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(26) Witness

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

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Local Registrar

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MAKING PREPARATION FOR BIRTHING. WITH UNFOLDING HERE—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.

WE

N. B.

McCaw

of

Columbia

S. C.

S. C.

S. C.