

(1) PLACE OF BIRTH

County of *Williamsburg*.....

Township of

or
Inc. Town of *Emp. State S.C.*
or

City of (No. St.; Ward)
(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

44915

(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* 1924
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Walter W. Dennis*

(9) PRESENT POSTOFFICE OF FATHER *Emp. State 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. State S.C.*

(16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *21* (Years)

(18) BIRTHPLACE *Williamsburg Co.*

(19) OCCUPATION *Miss Miss*

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

Given name added from a supplemental report

(26) Witness *Wm. M. ...*
(Signature of Witness necessary only when question 23 is signed by mark)

....., 191.....
.....
Registrar

(27) Filed 191..... (28) 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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REASON FOR BIRTH RECORDING. 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. THIS OFFICE, No. 2, etc., in question 8. McCaw, of Columbia

WE N. McCaw