

FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 2.
Be Care of Columns. Columns, 9 C

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

3675

County allendale

Township of Summersville

Inc. Town of Summersville

City of _____

Registration District No. 17A

Registered No. 12
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Feb 4 1923</u> (Month) (Day) (Year)
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FATHER.

MOTHER.

(8) FULL NAME Robert S. Dalton

(9) PRESENT POSTOFFICE OF FATHER Summersville

(10) COLOR OR RACE white

(11) AGE AT LAST BIRTHDAY 23 (Years)

(12) BIRTHPLACE Perley County

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1

(14) NAME BEFORE MARRIAGE Anna Johnson

(15) PRESENT POSTOFFICE OF MOTHER Summersville

(16) COLOR OR RACE white

(17) AGE AT LAST BIRTHDAY 12 (Years)

(18) BIRTHPLACE Hightsville P.O.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 1 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Chas. S. Dupree

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Summersville

Given name added from a supplemental report

(26) Witness _____
(Signature of Witness necessary only when question 23 is signed by mother)

19 _____ Registrar

(27) Filed FEB 15 1923 (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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