

16 093512

FILE No.—For State Registrar Only

00288

1. PLACE OF BIRTH

County of Dillon
 Township of Bethesda
 or
 Inc. Town of
 or
 City of

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics
 State Board of Health

Registration District No. 16016 Registered No.
 (For use of Local Registrar)

(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 Archie May Dew / If child is not yet named, make supplemental report as directed.

3. ~~Boy~~ or Girl If Plural } 4. Twin, triplet or other.....
 births } 5. Number, in order of birth.....
 6. Premature..... Full term yes
 7. Are Parents Married? yes
 8. Date of birth Aug 1st, 1916
 (Month, day, year)

FATHER		MOTHER	
9. Full name <u>Lawrence Edward Dew</u>	18. Full maiden name <u>Archie Allen</u>	19. Residence (mailing address) (If non-resident, give place and State) <u>Latta, S. C.</u>	19. Residence (mailing address) (If non-resident, give place and State) <u>Latta, S. C.</u>

11. Color or race <u>White</u>	12. Age at last birthday <u>31</u> (Years)	20. Color or race <u>White</u>	21. Age at last birthday <u>35</u> (Years)
13. Birthplace (city or place) (State or country) <u>Latta, S. C.</u>	22. Birthplace (city or place) (State or country) <u>Latta, S. C.</u>		

OCCUPATION		OCCUPATION	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>House work</u>	24. Industry or business in which work was done, as own home, sawmill, bank, etc. <u>own farm</u>	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>own home</u>
16. Date (month and year) last engaged in this work	17. Total time (years) spent in this work <u>10 yrs</u>	25. Date (month and year) last engaged in this work	26. Total time (years) spent in this work <u>3 yrs</u>

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 2 (c) Stillborn 0

28. If stillborn, period of gestation..... months weeks 29. Cause of stillbirth..... (Before labor..... During labor.....)

Specify any physical deformities of child at birth None

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was at m. on the date above stated.

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

I certify that I justified or had justified in the eyes of this child at on above date

(Signed) F. Resputer, M.D.

Given name added from a supplementary report..... (Date of)

(Name of Physician) OR Midwife.

Address Latta S. C.

Filed 1-23, 1916 M. B. Woodward, Registrar. M. B.

Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)