

PLACE OF BIRTH

City of Darlington
County of High Will

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

File No.—For State Registrar Only
13668

or
Town of Registration District No. 1503 Registered No. 27
(For use of Local Registrar)
or
(No. Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
Full Name of Child Addie Dickson If child is not yet named, make supplemental report as directed

BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1st</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb. 3, 1927</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
FULL NAME <u>Bert Dickson</u>			(14) NAME BEFORE MARRIAGE <u>Louie Delford</u>	
PRESENT POSTOFFICE OF FATHER <u>Darlington</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Darlington</u>	
COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>38</u> (Years)	(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>30</u> (Years)	
BIRTHPLACE <u>Darlington</u>			(18) BIRTHPLACE <u>Darlington</u>	
OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>Housewife</u>	
Number of children born to mother, including present birth <u>13</u>			(21) Number of children of this mother now living, including present birth <u>6</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at H. C. M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.
(23) (Signature) Phyllis D. Box
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

or name added from a supplemental report
..... 101
Registrar
(26) Witness J. S. Dickson
Signature of Witness necessary only when question 23 is signed by mark
(27) Filed 101 (28) Local Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return, if child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

or a child delivered from mother in hospital, etc., before the fifth month of pregnancy.