

Form No. 1

(1) PLACE OF BIRTH

County of HorryTownship of Corryway

or

Inc. Town of

or

City of

(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

42964

Registration District No. 2502Registered No. 199
(For use of Local Registrar)(2) Full Name of Child Truie

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

(3) BOY OR GIRL girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF

BIRTH Dec 17, 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wesley Dickerson(9) PRESENT POSTOFFICE OF FATHER Corryway S C(10) COLOR OR RACE col(11) AGE AT LAST BIRTHDAY 27
(Years)(12) BIRTHPLACE Georgetown Co(13) OCCUPATION laborer(20) Number of children born to mother, including present birth 1 2

MOTHER.

(14) NAME BEFORE MARRIAGE Kabille Esier(15) PRESENT POSTOFFICE OF MOTHER Corryway S C(16) COLOR OR RACE col(17) AGE AT LAST BIRTHDAY 25
(Years)(18) BIRTHPLACE Georgetown Co(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 4:45 P. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Sallie Moore

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Corryway S C

Given name added from a supplemental report

(26) Witness

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

(27) Filed Dec 22 1922

(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.

MADE IN COLUMBIA, S. C.

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.

MADE IN COLUMBIA, S. C.