

Form No. 1

(1) PLACE OF BIRTH

County of Horry  
 Township of Conway  
 or  
 Inc. Town of.....  
 or  
 City of..... (No. .... St.; ..... Ward)

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. 2502 Registered No. 199  
 (For use of Local Registrar)

(2) Full Name of Child Truce

{ 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 Twin or Triplets (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 17 1922  
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wesley Dickerson  
 (9) PRESENT POSTOFFICE OF FATHER Conway 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 2

MOTHER.

(14) NAME BEFORE MARRIAGE Kabille Lier  
 (15) PRESENT POSTOFFICE OF MOTHER Conway 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 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 4 A.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 Conway S.C.

Given name added from a supplemental report

(26) Witness ..... (Signatures of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec 22 1922 (28) J. S. Dorris 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.

RECORDS PRESERVED FOR REPRODUCING. WHITE PLAINLY, 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. THE OTHER, No. 2, etc., in question 5. MCGAW OF COLUMBIA, COLUMBIA, S. C.