

MARGIN RESERVED FOR BINDING.
WRITE 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.

(1) PLACE OF BIRTH

County of Shartland
Township of Shartland
or
Inc. Town of Fairforest
or
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

23065

Registration District No. 4008 Registered No. 218
(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 Mary Belle Dobson

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

3) ~~BOY OR GIRL?~~ 4) Twin or Triplet? 5) Number in order of birth 6) Are Parents Married? Yes 7) DATE OF BIRTH June 22, 1922
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Judson M. Dobson
9) PRESENT POSTOFFICE OF FATHER Fairforest, S.C.
10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 24
(Years)
12) BIRTHPLACE S.C.
13) OCCUPATION Farmer
20) Number of children born to mother, including present birth One (1)

MOTHER.

14) NAME BEFORE MARRIAGE Fannie Eubanks
15) PRESENT POSTOFFICE OF MOTHER Fairforest, S.C.
16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 24
(Years)
18) BIRTHPLACE S.C.
19) OCCUPATION House
21) Number of children of this mother now living, including present birth One (1)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) W. R. Boyd

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Shartland 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 7-2-22 1922 (28) Mrs. C. F. Parker 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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