

(1) PLACE OF BIRTH

County of Marion
 Township of Doughty
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

No. for State Registrar

748

Registration District No. 1817Registered No. 2
(For use of Local Registrar)

City of (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 Dorothy Virginia

(3) SEX OF CHILD B (4) Type of Infant - (5) Number of children born to mother 1 (6) Age of mother 24 (7) Date of birth Jan 14 1923
 Is in conformity to record of Type of Infant (8) (9) (10) (11) (12)

FATHER

(13) FULL NAME Jackson H. H. H.
 (14) PRESENT RESIDENCE 1000 1/2 N. 1st St.
 (15) COLOR W (16) AGE AT LAST BIRTHDAY 42
 (17) OCCUPATION Electrician

MOTHER

(18) NAME BEFORE MARRIAGE Agnes M. H. H.
 (19) PRESENT RESIDENCE 1000 1/2 N. 1st St.
 (20) COLOR W (21) AGE AT LAST BIRTHDAY 23
 (22) OCCUPATION Domestic

(23) Number of children born to mother, including present birth 1
 (24) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(26) (Signature) C. J. H. H.
 (27) State whether Physician or Midwife (28) Address of Physician or Midwife

Given name added from a supplemental report

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

(30) Filed Jan 15 1923 (31) Local Registrar

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