

Form No. 10.

MARGIN RESERVED FOR INDEXING. WHEN NEARLY FULL, 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 Orangeburg
Township of City
or
Inc. Town of
or
City of Orangeburg

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

File No. For State Registrar Only
47018

Registration District No. 36a Registered No. 18
(For use of Local Registrar)
St.; 3 Ward
(No. 21 Dutton St.; 3 Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Allandemetric Dautzler (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth 4 (6) Are Parents Married? (7) DATE OF BIRTH June 12 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Jammond Dautzler
(9) PRESENT POSTOFFICE OF FATHER Orangeburg SC
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 22 (Years)
(12) BIRTHPLACE Orangeburg SC
(13) OCCUPATION Black Smith
(14) Number of children born to mother, including present birth 4

MOTHER.
(14) NAME BEFORE MARRIAGE Cecilia Carmichael
(15) PRESENT POSTOFFICE OF MOTHER Orangeburg SC
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 22 (Years)
(18) BIRTHPLACE Orangeburg SC
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 1:30 PM. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) Delia Brown
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Orangeburg SC

Given name added from a supplemental report
June 19 1916
Delia Brown
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Jan 20 1916 (28) W. H. Duke Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

_____ before the
fifth month of pregnancy.