

(1) PLACE OF BIRTH

County of AndersonTownship of "or
Inc. Town of "or
City of Anderson

(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

71166

Registration District No. 3ARegistered No. 267

(For use of Local Registrar)

(2) Full Name of Child Nancy Cornelia Dobbin If child is not yet named, make supplemental report as directed(3) BOY OR GIRL girl

(4) Twin or Triplet?

(5) Number in order of birth 3(6) Are Parents Married? yes(7) DATE OF BIRTH June 29 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Rossie James Dobbin(9) PRESENT POSTOFFICE OF FATHER Anderson SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Years)(12) BIRTHPLACE Anderson(13) OCCUPATION Ironyman(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Rossie Elizabeth Cornick(15) PRESENT POSTOFFICE OF MOTHER Anderson SC(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30 (Years)(18) BIRTHPLACE Anderson(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 4 P.M. (Hour A. M. or P. M.) on the date above stated.(23) (Signature) J. J. J. J.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Anderson SC

Given name added from a supplemental report

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

(27) Filed Aug. 1 1916 (28) J. M. Ray 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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