

(1) PLACE OF BIRTH

County of Wm. burg
 Township of Perth
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

No. 10.—For State Register Only

30539

Registration District No. 4308 Registered No. 67
 (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 Sara Dozier 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 case of Twin or Triplet (5) Number in order of birth (6) Are Parents Married yes (7) DATE OF BIRTH Sept 16 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Willie B. Dozier(9) PRESENT POSTOFFICE OF FATHER Salters Dept. SS(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 31(12) BIRTHPLACE Wm. burg co. SS(13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Larnie Maxwell(15) PRESENT POSTOFFICE OF MOTHER Salters Dept. SS(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 30(18) BIRTHPLACE Wm. burg co. SC(19) OCCUPATION Farm Laborer

(20) Number of children born to mother, including present birth 1 5
 (21) Number of children of this mother now living, including present birth 1 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 3 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sara J. Dozier
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Salters Dept SS

Given name added from a supplemental report

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

(27) Filed Sept 8 1923 (28) W. H. Moseley 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 stillbirths before the fifth month of pregnancy.